

A stylized graphic of a house is positioned on the left side of the page. It features a thick black line for the roof, a vertical black line for the chimney, and a thick black line for the main body of the house. A small circle is visible on the left side of the house, possibly representing a window or door handle.

Residential Facilities for Handicapped People in Minnesota

A study by:

The Minnesota Association for Retarded Children

RESIDENTIAL SERV. MN SURVEYS

RESIDENTIAL FACILITIES FOR HANDICAPPED PERSONS IN MINNESOTA

Sheldon R. Schneider Associate Executive
Director Minnesota Association for Retarded
Children June, 1970

This study was supported through a
grant from the Minnesota division
of Vocational Rehabilitation.

RESIDENTIAL FACILITIES FOR HANDICAPPED PERSONS IN MINNESOTA

Table of Contents

	Page
Introduction	1
State Institutions	2
Changes in State Institutional Population 1870-1969	5
Summary.	13
Child-Caring Institutions.	14
Survey of Child-Caring Facilities for Mentally Retarded Persons	19
Summary.	25
Nursing Homes and Boarding Care Homes	30
Nursing Homes.	32
Boarding Care Homes	35
Summary.	42
Normalization.	45

TABLES

Table I	3
Table II	4
Table III	5
Table IV	7
Table V	8
Table VI	10
Table VII	10
Table VIII	12

(continued)

TABLES (continued)

	Page
Table IX	16
Table X	17
Table XI	18
Table XII	20
Table XIII	21
Table XIV	22
Table XV	23
Table XVI	24
Table XVII	27
Table XVIII.....	28
Table XIX	32
Table XX	33
Table XXI	35
Table XXII	36
Table XXIII	37
Table XXIV	37
Table XXV	38
Table XXVI	39
Table XXVII	40
Table XXVIII	40
Table XXIX	41

GRAPHS

Graph A • • • • •	9
Graph B	11

Appendices

Appendix A •1

Appendix B 40

Appendix: C , . 6 0

Appendix: D 8 1

Appendix: E 100

RESIDENTIAL FACILITIES FOR HANDICAPPED PERSONS IN MINNESOTA

Introduction:

In Minnesota there is a tremendous number of residential facilities which do, or potentially could, serve people with physical and mental handicapping conditions other than those specifically associated with advanced age. These facilities are classified in the following categories:

1. State Residential Facilities
2. Child-Caring Institutions
3. Nursing Homes
4. Boarding Care Facilities
5. Board and Lodging Facilities.

In this report, various data and administrative and program factors related to residential facilities will be presented in terms of the first four categories listed above. The last category will not be included due to the unavailability of data. However, facilities licensed in this category do serve significant numbers of handicapped persons, primarily mentally retarded and mentally ill adults. A comprehensive directory of residential facilities for handicapped persons has been developed and is contained in Appendix A.

This report contains a general analysis and discussion relating to residential facilities in the state which are classified in the categories listed above. It also contains a historical review of state institution population changes and the results of a survey of all child-caring institutions serving mentally retarded persons throughout the state. In its entirety, this report is intended to give only a perspective of the large and complex network of governmental and non-governmental residential facilities throughout Minnesota. This report does not suggest that all facilities contained in Appendix A are resources or are being utilized for physically or mentally handicapped persons. The extensive directory was developed to determine numerical frequency, geographic

distribution and licensed capacity of residential facilities in the state. Further research is needed to determine the numbers of handicapped persons in these facilities, types of specialized programs offered, staffing patterns, fee structures, and resident movement among facilities.

State Institutions:

The responsibility for state institutions in Minnesota rests with the Department of Public Welfare under the supervision of the Division of Medical Services. The role of the Division of Medical Services is to interpret and implement the policy decisions and mandates of the state legislature regarding state institutions and their residents. It is responsible for program development in state institutions which are consistent with state statutes.

Individual major state institutions have a dual administrative structure with a hospital administrator and a medical director. Each of these persons has specific areas of responsibility and authority. Their joint role is to function as a team to provide coordinated operation and direction for the institution. It is their responsibility to assess the needs of residents, and to attempt to meet these needs through the development of programs and services which must conform to available space, funds, and staff. The current space available in state institutions is not adequate for the development of the wide range of programs necessary to meet the needs of all institutional residents. Although the Department of Public Welfare is responsible for institutional program, physical care standards such as minimum bed space, are dictated by the Department of Health.

Minnesota institutions, for the greater part, are comprised of large buildings constructed during the late 1800's and early 1900's. Most institutions are located in rural areas. Minnesota institutional buildings were primarily

designed to provide large group custodial care. Minnesota institutions function on a hospital model with the hospital aura of patient care wards. These facilities are becoming antiquated and are not appropriate for many aspects of creative programming.

There are 21 state-operated residential facilities in Minnesota. These facilities had a total of 10,297 residents on March 31, 1969. There were eight facilities for the mentally ill, having a combined total of 4,045 residents. Six facilities for the mentally retarded had a total population of 4,898. Two state nursing homes had 797 residents. There was one school for the deaf with 277 residents, a hospital for physically handicapped children with 82 patients, a treatment center for emotionally disturbed children with 50 residents, and a sanitarium for persons with tuberculosis with 60 patients. The following table contains a complete listing of these facilities, primary handicap served, and number of residents.

TABLE I State Residential
Facilities for Handicapped Persons

Name of Facility	Primary Handicap Orientation	Number of Residents (March, 1969)
Anoka State Hospital	Mental Illness	539
Fergus Falls State Hospital	Mental Illness	620 (a)
Hastings State Hospital	Mental Illness	397 (b)
Moose Lake State Hospital	Mental Illness	672 (c)
Rochester State Hospital	Mental Illness	637 (d)
St. Peter State Hospital	Mental Illness	353
Minnesota Security Hospital	Mental Illness	148
Willmar State Hospital	Mental Illness	679 (e)
Brainerd State Hospital	Mental Retardation	1214
Cambridge State Hospital	Mental Retardation	1238
Lake Owasso (Cambridge Annex)	Mental Retardation	116
Faribault State Hospital	Mental Retardation	1943
Minnesota Valley Social		
Adaptation Center (St. Peter)	Mental Retardation	214
Owatonna State School	Mental Retardation	173
Braille and Sight Saving School, Faribault	Blindness	88
School for the Deaf, Faribault	Deafness	277
Gillette State Hospital, St. Paul	Orthopedic	82
Minnesota Residential Treatment Center	Emotionally Disturbed	50
Glen Lake State Sanitarium	Tuberculosis	60
Ah-Gwah-Ching Nursing Home	Aged	479
Oak Terrace Nursing Home	Aged	318
		<u>10297</u>

Changes in State Institutional Population 1870-1969;

From 1870 to 1969, the number of state institutions and their populations increased Steadily . Table II on the preceding page shows these population changes.

During this period the total institution population increased from 273 to 16,885. From 1870 to 1900 the population increased 4,585, an average increase of 152 residents per year. During the 40-year period, 1900-1940, the total institution population increased 10,453, an average annual increase of 261 persons. However, during the 20-year period 1940-1960, the rate 'of population increase declined sharply. There was an increase of only 1,564 residents, an average annual increase of 78 persons, significantly lower than the average annual increase during the preceding 50 years. Table III below shows the institutional population increases for each 10-year period from 1870-1960.

TABLE III
Changes in Total Population, Minnesota State Institutions
1870-1960

<u>Decade</u>	<u>Numerical Increase</u> <u>During Decade</u>	<u>Average Annual Increase</u>	<u>% Increase During</u> <u>Decade</u>
1870-1880	559	55.9	204.8
1880-1890	1765	176.5	212.1
1890-1900	2261	226.1	87.1
1900-1910	1873	187.3	38.6
1910-1920	2112	211.2	31.4
1920-1930	2527	252.7	28.6
1930-1940	3941	394.1	34.7
1940-1950	564	56.4	3.7
1950-1960	1010	101.0	6.4

The period 1870-1940 was one of constant growth of Minnesota's total institutional population. With the exception of the period 1900-1910, the average annual numerical increase in total institutional population during

each decade was greater than during the preceding decade. During the decade 1940-1950, the average annual increase in institutional population declined sharply. It was only 14% as great as during the preceding decade of the 1930's. There was a slight increase in average annual population growth during the decade of the 1950's. However, it was only about one-fourth the annual rate of growth in the 1930's. Although the total institutional population did not begin to decrease until 1960, the annual rate of population increase began to decline in 1940. The percentage changes in total institutional population contained in Table III show the rapid rate of growth of Minnesota state institutions prior to 1940. The average rate of growth of total state institutional population during that period was about a one-third increase each decade. During the period 1940-1960, the average annual rate of growth was only about 5% per year.

Table IV, page 7, shows the changes in individual institutional population from 1960-1969. This was a period of decreasing population in every Minnesota institution except Brainerd State Hospital, which was a new and developing facility. The total population decreased from 16,885 in 1960 to 10,323 in 1969, a decrease of 6,562 residents. This was a percentage decrease of 38.9%.

The data in Table V, page 8, indicates the rapidly increasing rate of population decline in Minnesota institutions. The average annual rate of population decline has risen from 8.5% during the period 1960-1963 to 22.2% during the period 1966-1969, an increase of 161.1%.

TABLE IV State Institution

Population, 1960-1969

Institution	1969	1966	1963	1960
Total, all institutions	10,323	13,265	15,455	16,885
Total, hospitals for the mentally ill	4,045	5,906	7,749	10,283
Anoka State Hospital	539	730	957	1,055
(Tuberculosis Unit)	-	37	74	167
Fergus Falls State Hospital	579	1,082	1,421	1,844
(Mentally Retarded Unit)	41	-	-	-
Hastings State Hospital	299	524	675	937
(Children's Unit)	-	-	-	-
(Inebriate Section)	63	-	-	13
(Mentally Retarded Section)	35	-	-	-
Moose Lake State Hospital	602	847	925	1,104
(Inebriate Section)	70	64	59	31
Rochester State Hospital	624	650	1,555	1,592
(Mentally Retarded Section)	13	-	-	-
St. Peter State Hospital	353	1,124	1,650	2,124
Minnesota Security Hospital	148	142	201	241
State Sanitarium	-	-	-	-
(Mentally ill patients)	-	-	-	190
Willmar State Hospital	447	780	765	1,196
(Inebriate Section)	232	210	224	223
Total, Mentally Ill Patients	3,591	5,632	7,466	10,029
Total, Inebriates	365	274	283	254
Total, Institutions for the Mentally Retarded	4,924	6,066	6,469	6,046
Annex for Defective Delinquents (St. Cloud)	-	-	-	-
Brainerd State Hospital	1,214	1,371	981	355
Cambridge State Hospital	1,238	1,585	1,976	1,969
Faribault State Hospital	1,943	2,762	3,030	3,152
Minnesota Valley	214	-	-	-
Lake Owasso Children's Home	-	-	-	-
(Annex to Cambridge)	116	129	131	108
Owatonna State School	173	190	321	364
Shakopee Children's Home	26	29	30	29
Braille and Sight Saving School	88	87	87	93
School for the Deaf	277	284	267	263
Gillette State Hospital for Crippled Children	82	104	131	116
State Sanitarium (Tuberculosis Patients)	-	-	-	68
Glen Lake State Sanitarium	60	50	105	-
State Public School	-	-	-	-
Minnesota Residential Treatment Center	50	48	16	16
Ah-Gwah-Ching Nursing Home	479	422	417	-
Oak Terrace Nursing Home	318	298	214	-

TABLE V Average Annual Decreases,
Minnesota State Institutions 1960-1969

Decade	Numerical Decrease	Average Annual Decrease	Decrease % Increase During 3-year Period
1960-1963	1430	477	8.5
1963-1966	2190	730	14.2
1966-1969	2942	981	22.2

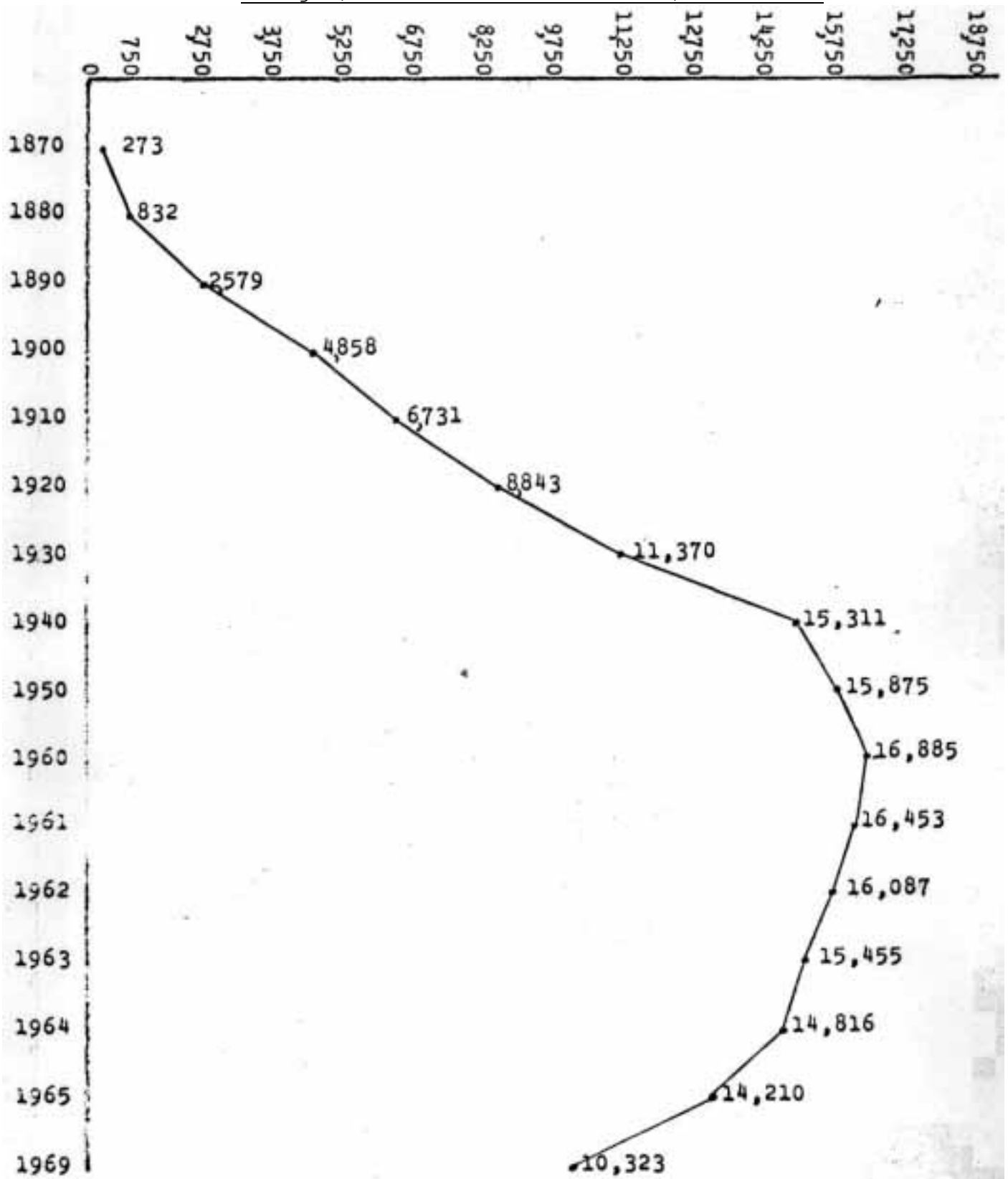
Graph A and Table VI contain additional data showing changes in total institution population since 1870.

The preceding data shows the declining rate of population growth in Minnesota institutions during the period 1940-1960. In 1960 there was a reversal of the growth trend in institution population which had been constant during the previous 90 years. From 1960 to 1965, the total institutional population was reduced at the rate of about 3.4 percent per year. From 1965 to 1969, the total institutional population decreased 27.4%, an average of 6.9% per year. From 1960 to 1969, total institutional population decreased 6,562, a decrease of 38.9%. The total institutional population in 1969 was less than at the end of fiscal year 1930.

The two major groups of residents in state institutions are the mentally ill and the mentally retarded. From 1870-1960, the mentally ill population represented the largest numerical and proportionate entity in Minnesota's institutions. However, in 1969, this was no longer the situation. In March of that year, there were 1,333 (28.1%) more mentally retarded persons than mentally ill persons in state institutions. Mentally retarded persons represented 47.7% of the total institutional population. Since 1900 the proportion of the total institutional population classified as mentally ill had been steadily decreasing, and the proportion of the institutional population classified as mentally retarded had been steadily increasing. Table VII and Graph B show

GRAPH A

Total Resident Population
Changes, Minnesota Institutions, 1870-1969



the changes in mentally retarded and mentally ill populations in state institutions from 1870-1969. The number of mentally retarded in state institutions decreased 1,122 (17.5%) from 1960-1969. During this same period, the number of mentally ill residents decreased 6,438 (64.2%), indicative of the rapid change not only in numbers but in the primary handicapping condition of institutional residents.

TABLE VI Total Population Changes,
Minnesota Institutions 1870-1969

Year	Numerical Change	Percentage Change in Total Institution Population
1870-1880	+ 559	+204.8
1880-1890	+1765	+212.1
1890-1900	+2261	+ 87.1
1900-1910	+1873	+ 38.6
1910-1920	+2112	+ 31.4
1920-1930	+2527	+ 28.6
1930-1940	+3941	+ 34.7
1940-1950	+ 564	+ 3.7
1950-1960	+1010	+ 6.4
1960-1961	- 432	- 2.6
1961-1962	- 366	- 2.2
1962-1963	- 632	- 3.9
1963-1964	- 639	- 4.1
1964-1965	- 606	- 4.1
1965-1969	-3877	- 27.4

TABLE VII
Changes in Mentally Ill and Mentally Retarded Populations
In State Institutions 1870-1969

Year	Number	Mentally Ill % of Total Inst. Population	Number	Mentally Retarded % of Total Inst. Population
1870	206	75.4	-	-
1880	679	81.6	21	2.5
1890	1,951	75.1	301	11.6
1900	3,589	79.4	721	14.8
1910	4,861	72.2	1,231	18.3
1920	6,090	68.9	1,742	19.7
1930	7,800	68.6	2,306	20.3
1940	10,174	66.4	3,623	23.7
1950	10,477	66.0	4,412	27.8
1960	10,029	59.4	6,046	35.8
1969	3,591	34.8	4,924	47.7

GRAPH B

Total Resident Population Changes

Minnesota Institutions, 1870-1969

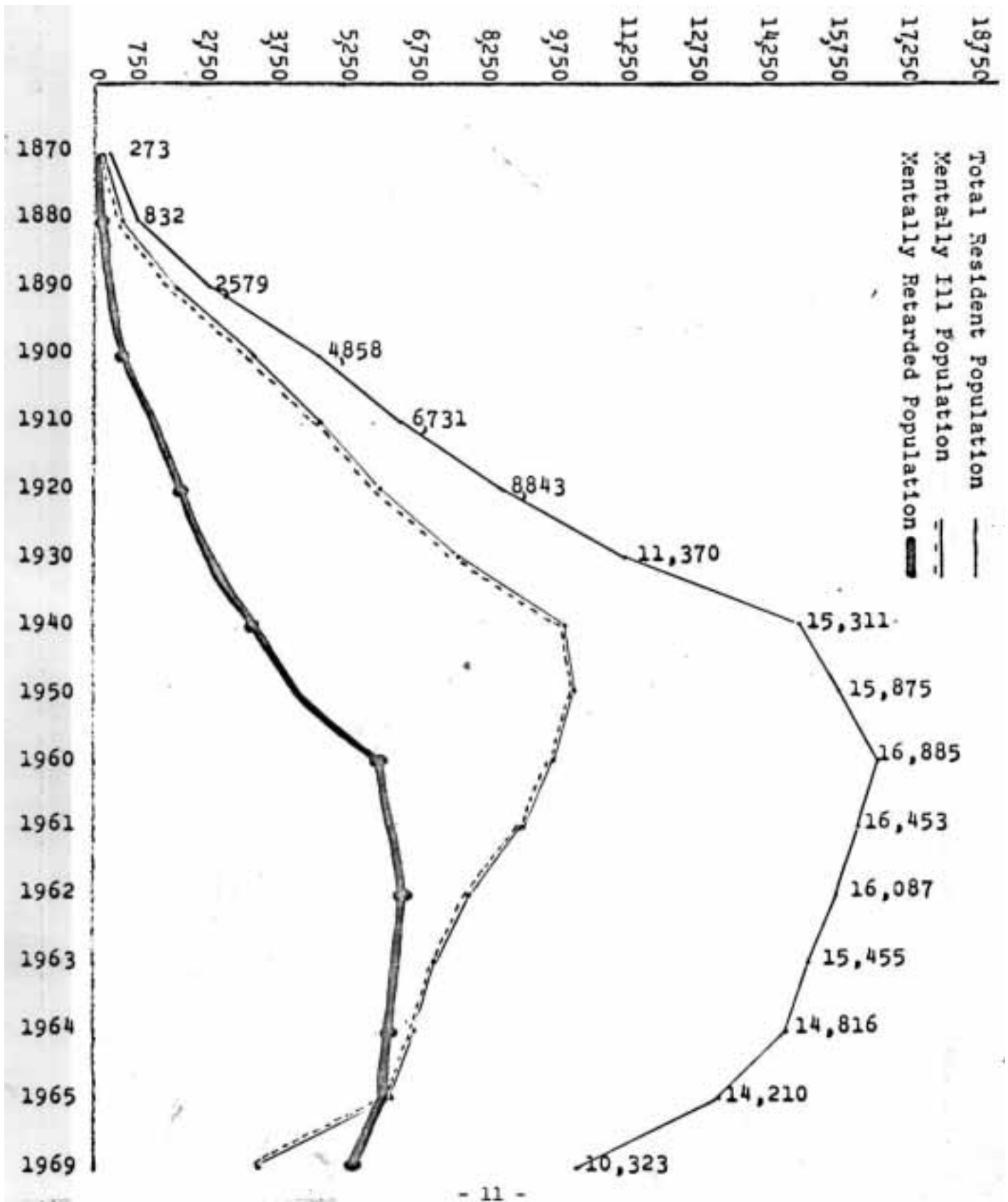


Table VIII shows per diem costs per resident in Minnesota institutions for the mentally ill and mentally retarded from 1950-1969. Per diem costs for the mentally ill were consistently greater than for the mentally retarded. Per diem costs for the mentally ill increased 65.4% during the period, while those costs for the mentally retarded increased only 44.1%. In 1969, per diem costs for the mentally ill were 51% higher than for the mentally retarded. In 1960, they were only 5.8% higher. In 10 years, the cost differential between these two groups of residents has increased nearly nine times. The per diem costs for mentally ill residents increased \$14.19 from 1950 to 1969. During the same period, the per diem costs for the mentally retarded residents increased only \$8.83.

TABLE VIII

Per Diem Costs, Minnesota Institutions for the Mentally Ill
and the Mentally Retarded, 1950-1969

Year	Per Diem Cost Mentally Ill	% Increase over Previous Year	Per Diem Cost Mentally Retarded	% Increase Over Previous Year
1950	\$ 2.17		\$ 2.00	
1951	2.47	13.8	2.43	21.5
1952	2.81	13.8	2.68	10.3
1953	2.95	5.0	2.67	- 0.4
1954	2.97	0.7	2.72	1.9
1955	3.02	1.7	2.70	- 0.7
1956	3.03	0.3	2.71	0.4
1957	3.16	4.3	2.82	4.0
1958	3.94	24.7	3.45	22.3
1959	3.95	0.2	3.82	10.7
1960	4.17	5.6	3.94	3.1
1961	4.59	10.0	3.97	0.8
1962	4.95	7.8	4.13	4.0
1963	5.38	8.7	4.55	10.2
1964	6.41	19.1	4.68	2.8
1965	6.58	2.6	5.14	9.8
1966	7.50	14.0	5.68	10.5
1967	9.89	31.9	6.31	11.1
1968	14.20	43.6	9.00	42.6
1969	16.36	15.2	10.83	20.3

In summary, the data presented regarding state institutional population indicates the following:

1. From 1900 to 1940, total institutional population increased at a rate of about 33% each decade.
2. The rate of institutional growth began to decline in 1940 and continued to decline until 1960, when institutional population also began to decline.
3. Total institutional population reached its highest point in 1960. Since that time, it has been reduced by over 6,500 persons.
4. The rate of total institutional population decrease is much greater than the previous rate on increase. During the period 1960-1969, total institutional population decreased to a point which was less than the total population in 1930.
5. The mentally ill and the mentally retarded comprise the major proportion of total institutional population.
6. The numbers of both mentally ill and mentally retarded in state institutions have decreased since 1960. The greatest decrease has been in the number of mentally ill residents. From 1960 to 1969, the number of mentally ill residents in state institutions decreased about two-thirds. During the same period of time, the number of mentally retarded residents decreased only 20%.
7. The mentally retarded comprise the largest single category of residents in state institutions, exceeding the number of mentally ill residents by more than 1,300.
8. Per diem costs in state institutions for the mentally retarded and mentally ill have increased sharply since 1950. The greatest increase has occurred since 1965.

9. Per diem costs for mentally ill residents is much higher than for mentally retarded residents. During the period 1950-1969, per diem costs for the mentally retarded increased at a much slower rate than costs for the mentally ill.

Child-Caring Institutions:

Child-caring institutions in Minnesota are licensed' by the Child Welfare Division of the Minnesota Department of Public Welfare. These facilities are licensed under Chapter 257, Minnesota Statutes, Annotated. Each facility is authorized to accept a specified number of children for care.

Licensing standards for facilities serving emotionally disturbed children are defined in Child Welfare Rule No. 5, developed in 1956. The standards for facilities serving mentally retarded children are contained in Child Welfare Rule No. 7, which was not adopted until 1969. In these rules, a child-caring institution is defined as a "facility having an administrative organization and structure for the purpose of providing residential care, food, training and/or treatment, and other aspects of care needed on a 24-hour ' basis". Child Welfare Rules 5 and 7 do not apply to foster care facilities, such as foster boarding homes, or group homes. Facilities such as nursing homes, board and care homes, and board and lodging places licensed by the State Department of Health are not included under these rules.

The differential basis for licensing of facilities between the State Department of Public Welfare and the State Department of Health is the age of the individuals to be served. Minnesota Statute 257.081, Subdivision 6, defines children as, "one or more persons under the age of 16 years or persons over 16 years of age, if for reasons of mental retardation, they still require

the protection needed by persons under 16 years of age". In general, the Department of Health does not license facilities for persons under 21 years of age. The Department of Public Welfare licenses a few facilities for persons over 21 years of age as child-caring facilities. It is not exactly clear as to which agency has the responsibility of licensing facilities for persons between the ages of 16 and 21 who are not mentally retarded. Appendix B contains Child Welfare Rules 5 and 7.

In reviewing the standards in Child Welfare Rule 7 (licensure of facilities for mentally retarded children), pertaining to organization and administration, program, staff, plant, grounds and equipment, and records relating these standards to existing facilities, it becomes painfully obvious that none of the facilities meet all the standards and that the overwhelming majority of the facilities meet only a minimal number of the most basic standards. Several of the facilities in operation licensed under this rule and housing mentally retarded children are actually more akin to large, oversized foster boarding homes. These facilities are providing, at best, a relatively acceptable level of custodial care. These facilities grew and continue to be tolerated and utilized because "no other facilities exist in which to place mentally retarded children". The standards in Rule 7 must be firmly applied to all facilities licensed under its auspices if a uniform quality of residential living and programming in non-governmental facilities is to be achieved.

There are 46 licensed child-caring facilities in Minnesota. These facilities have a licensed capacity of 1,783. Thirty-one (67%) of these facilities are for handicapped persons. The remaining are for delinquent children, unwed mothers and children awaiting adoption.

The 31 facilities for handicapped persons have a total licensed capacity of 1,193, 66.9% of the total licensed capacity of all child-caring institutions in the state. All licensed child-caring facilities serving handicapped children were included in this survey. Appendix A contains a listing of these facilities. The following table shows the distribution of residential facilities in terms of handicapping conditions served.

TABLE IX

<u>Handicapping Condition</u>	<u>No. of Facilities</u>	<u>Licensed Capacity</u>
Mental Retardation	15	709
Emotional Disturbance	14	455
Deafness	23	
Orthopedic Problems	51	

Twenty-nine of the 31 child-caring facilities for handicapped persons in Minnesota serve either emotionally disturbed children or mentally retarded persons. The selection of the term "mentally retarded persons" as opposed to "mentally retarded children" when discussing the residents of these facilities is deliberate. Despite the fact that these facilities are licensed as "child-caring institutions" and are legally intended to serve only retarded children under 21 years of age, a high proportion of the residents are adults over 21 and many are over 60 years of age. Facilities for emotionally disturbed children do not serve adults. This particular aspect of licensing is interesting in that it reflects the "forever a child" syndrome, which is very prevalent in the provision of services and programs for the mentally retarded. The law itself reflects this syndrome in its-definition of "children". It says, "'Children¹ means one or more persons under the age of 16 years or persons over 16 years of age if for reasons of mental retardation they still require the protection needed by persons under 16 years of age".

There are 15 child-caring facilities in Minnesota which are serving mentally retarded persons. Table XI on the following page lists these facilities. They have a licensed capacity of 709. These facilities range in size from 8 to 142 residents. The average size is 47 residents. The facilities are licensed to serve retarded persons from birth through 64 years of age. Per diem charges range from \$5.75 to \$15.00. The average per diem fee is \$8.37. Four facilities with a total licensed capacity of 181 have a per diem fee of \$5.75, \$5.08 less than the per diem cost in state institutions for the mentally retarded. Only five facilities charge a per diem fee over \$10.00. Nine of the 15 facilities for mentally retarded persons are proprietary operations. All of the facilities licensed for children under 3 years of age are proprietary. Only proprietary facilities serve severely or profoundly retarded, non-ambulatory children. The only attempt at other program specialization within facilities is in the non-profit facilities. The table below shows a categorical breakdown of child-caring facilities in terms of ownership.

TABLE X

Ownership of Child-Caring Facilities for Mentally Retarded Persons

	<u>Number of Facilities</u>	<u>Total Licensed Capacity</u>	<u>Average Per Diem Charge</u>	<u>Age Range Served</u>	<u>Average Licensed Capacity</u>
Proprietary	9	349	\$7.50	Under one yr. and over	39
Non-profit	6	360	\$9.68	3 and over	60

Table XI also contains data regarding child-caring facilities serving mentally retarded persons in 1965. All facilities in operation in 1970 were also in operation in 1965. Since 1965, one facility closed. The total licensed capacity of child-caring facilities serving mentally retarded persons in 1965

TABLE XI Child-Caring Institutions for Mentally

Name of Facility	<u>Retarded Persons</u>		Per Diem Fee		Age Range Served
	Licensed 1965	Capacity 1970	1965	1970	
The Angels Minnetonka	35	50	\$5.42	\$7.40	Birth-6 years
Cedar Child Care Center Austin	12	30	\$4.93	\$7.40	5-12
Champion Children's Home Duluth	39	39	\$5.75	\$6.08	Birth-12 years
Dorothe Lane Children's Home Sauk Center	11	11	\$4.93	\$5.75	4-12
Hammer School Wayzata	42	51	\$5.92	\$5.89	5 and over
Julie Billiard Home Jackson	30	30	\$4.93	\$6.57	Birth-6 years
Lake Park-Wild Rice Children's Home Fergus Falls	25	25	\$6.90	\$15.00	10-16
Lake View Home Sauk Center	8	8	\$4.93	\$5.75	1-9
Laura Baker School Northfield	55	55	\$7.73	\$10.85	4 and over
Mount Olivet Rolling Acres Excelsior	13	60	\$5.26	\$12.03	5 and over
Outreach Community Center	135	142	\$4.44	\$5.75	16-64
Pettit Children's Home Sauk Center	20	20	\$4.93	\$5.75	6-15
Richard Paul Foundation Home St. Paul	12		\$5.42		4-12
Roseau Children's Home Roseau	45	95	\$6.57	\$9.04	Birth-12 years
Vasa Lutheran Home for Children, Red Wing	55	52	\$5.92	\$10.00	3-16
Welcome Homes, Inc.	41	41	\$8.22	\$10.29	Birth-10 years
TOTAL	578	709			

was 578, only 19.5% less than the total licensed capacity in 1970. Per diem fees ranged from \$4.93 to \$7.73. The average per diem fee was \$5.76, 62¢ more than in state institutions for the mentally retarded. In 1970, per diem fees ranged from \$5.75 to \$15.00, the average per diem fee being \$8.37, \$2.46 less than in state institutions. The per diem costs in state institutions for the mentally retarded have more than doubled since 1965, while the per diem costs in child-caring facilities for the mentally retarded have increased only 45%, and in some facilities have increased less than 17%. Child-caring facilities for the mentally retarded play a major role in the delivery of residential services in Minnesota. However, this role has not expanded in proportion to the increased needs for residential services at the community level. Since 1965, . , the total number of mentally retarded persons in Minnesota's institutions has decreased 1,534. This reduction in population reflects both increased discharges and decreased admissions. During this same period, no? new child-caring facilities serving mentally retarded persons have opened (in fact, one closed), and the total licensed capacity of these facilities increased only 131. Per diem fees in most of these facilities have increased less than the general inflationary escalation of our economy and do not reflect improvement or extension of services. The lack of development of these facilities concurrent with the drastic reduction of institutional population has created major problems in communities throughout the state. A state mechanism must be created to facilitate the development of these residential facilities in appropriate communities throughout the state.

Survey of Child-Caring Facilities for Mentally Retarded Persons:

A survey of all licensed child-caring facilities serving mentally retarded

persons was conducted during November and December of 1969. A questionnaire was developed to gather data regarding staffing, programs offered, and residents. The data was gathered from the administrator of each facility. The following table contains information regarding the ownership of facilities, numbers of residents, and staff in these facilities.

TABLE XII Staffing, Child-Caring
Facilities for Mentally Retarded Persons

<u>Name of Facility</u>	<u>Ownership</u>	<u>In Resi- dence</u>	<u>Total # Staff</u>		<u>Resi- dential Care</u>	<u>Program & Pro- fessional</u>
			<u>Full Time</u>	<u>Part Time</u>		
The Angels	Proprietary	50	13	3	14	2
Cedar Child Care Ctr.	Non-Profit	22	8	7	12	2
Champion Children's Home	Proprietary	39	15	5	16	-
Dorothe Lane Children's Home	Proprietary	11	3	1	4	-
Hammer School	Non-Profit	52	14	1	6	9
Julie Billiard Home	Proprietary	35	16	1	14	1
Lake Park-Wild Rice	Non-Profit	39	19	11	22	6
Lake View Home	Proprietary	8	2	-	2	-
Laura Baker School	Proprietary	50	30	-	8	14
Mt. Olivet Rolling Acres	Non-Profit	60	22	14	22	14
Outreach Community Center	Non-Profit	130	16	15	9	22
Pettit Children's Home	Proprietary	20	7	-	6	1
Roseau Children's Home	Proprietary	83	44	1	39	5
Vasa Lutheran Home for Children	Non-Profit	52	25	15	30	10
Welcome Homes, Inc.	Proprietary	43	22	9	25	6
	TOTALS	694	274	83	229	92

The 15 facilities had a licensed capacity of 709. When the survey was conducted, there were 694 persons in residence. There were only 15 vacant spaces in these facilities, and most of these were in the process of being filled. There was a total of 357 staff employed in the facilities 83 (22%) of these staff were part time. Sixty-four percent (224) of the total number of staff employed were classified as resident care personnel. Only 92 staff were classified as program, professional or administrative staff. Three facilities, having 58 residents, indicated they had no program or professional staff. One of these facilities, with 39 children under the age of 16, 29 of whom were moderately retarded and 2.5 of whom regularly received medication, did not employ any program staff, had no professional staff either full time or part time, and had no nurses on the staff, despite the fact they professed to provide "intensive nursing" to these children. Another facility, which had 43 profoundly retarded children, 30 of whom were 5 years of age or younger, and a large number of non-ambulatory children, employed only one registered nurse. The professional staff employed in these facilities are shown in the table below.

TABLE XIII

Professional Staff Employed in Child-Caring Facilities
Serving Mentally Retarded Persons

<u>Professional</u> <u>Preparation</u>	<u>Full Time</u>	<u>Part Time</u>
Registered Nurse	6	-
Licensed Practical Nurse	3	-
Physical Therapist	1	2
Teacher	33	1
Social Worker	5	-
Vocational Rehabilitation	5	-
Recreation Leadership	6	-
Child Development	1	-
TOTAL	<u>60</u>	<u>3</u>

There was a total of 60 full time, and 3 part time, professional staff employed in these 15 child-caring facilities. Over half of these staff were teachers; however, there was no indication as to the level of professional preparation or certification of these people. Both the range and numbers of professional staff available to the residents of these facilities is very limited.

When this survey was conducted, there was a total of 694 residents in the 15 facilities. There were 400 males and 294 females. One-hundred-one of the residents had orthopedic handicaps in addition to being mentally retarded. Thirty-nine percent (272) of the residents were regularly receiving medication. The following table shows a breakdown of the total population in terms of degree of mental retardation as reported by the administrative head of each facility.

TABLE XIV

Residents of Child-Caring Institutions for the Mentally Retarded
Categorized by Degree of Retardation

<u>Degree of Retardation</u>	<u>Number of Residents</u>	<u>% of Total Population</u>
Borderline	40	5.8
Mild	103	14.8
Moderate	251	36.2
Severe	234	33.7
Profound	66	9.5
TOTAL	694	

Forty of the residents were classified as being borderline mentally retarded. Thirty-five of these persons were adults and living in Outreach Community Center. About 70% of the residents in the facilities were classified as being moderately and severely, retarded or being in the trainable range.

Table XV on the following page shows the age distribution of the residents.

TABLE XV

Residents of Child-Caring Institutions for the
Mentally Retarded Categorized by Age

<u>Age Range (In Years)</u>	<u>Number of Residents</u>	<u>% of Total Population</u>
0-5	122	17.6
6-10	152	21.9
11-15	185	26.6
16-20	61	8.8
21-35	111	16.0
35-50	50	7.2
50+	13	1.9
	TOTAL	
	<u>694</u>	

Two-hundred-seventy-four (35.9%) of the residents in the facilities were 10 years of age or under, and 459 (62.5%) were under 16 years of age. Although these facilities are licensed as "child-caring", more than one-third of the residents are over 16 and more than one-fourth are 21 years of age and over. Table XVI graphically depicts the age groups accepted and other admission criteria established by these facilities. The data in this table indicates that the facilities generally accept young, severely and profoundly retarded children. The age distribution of the resident population indicates that the children tend to remain in these facilities. This is also supported by the low turnover figures. The facilities continue to admit young children but tend to retain them even when they become adults.

During 1969, 122 persons left these facilities. However, this figure is somewhat deceptive, because of the high degree of turnover at Outreach Community Center. During 1969, 71 people left Outreach Community Center, 32 returning to state institutions and 39 going to other facilities. Excluding Outreach Community Center from the turnover figures, 51 persons left the facilities. Of this number, 8 went back to their own homes, eleven went to foster homes,

TABLE XVI

Age Groups Accepted and Admission Criteria for Child-Caring
Institutions for the Mentally Retarded

	birth	Age Group Accepted										Admission Criteria
		2	4	6	8	10	12	14	16	18	20	
The Angels												Severely retarded, non-ambulatory
Cedar Child Care Center												Trainable, ambulatory
Champion Children's Home												Ambulatory, physically handicapped or non-ambulatory
Dorothe Lane Children's Home												Ambulatory, able to participate in group activity
Hammer School												Ambulatory, toilet-trained, can benefit from training
Julie Billiard Home												Non-ambulatory, require bed or convalescent care
Lake Park-Wild Rice Children's Home												Educable, ambulatory
Mt. Olivet Rolling Acres												Trainable, ambulatory, toilet-trained
Pettit Children's Home												Ambulatory, trainable, able to feed self
Roseau Children's Home Residential Care Center												Ambulatory, non-ambulatory, also children with physical handicaps
Vasa Lutheran Home for Children												Ambulatory, severely & moderately retarded
Welcome Homes, Inc.												Severely retarded, non-ambulatory
Lake View Home												Ambulatory
Laura Baker School												Ambulatory, educable, must not be epileptic or hyperactive
Outreach Community Center												Ambulatory, 16-64 years of age

22 went to state institutions, 10 went to another private residential facility. In addition to this resident movement, 10 persons died in the facilities. These figures indicate that the population of these facilities is quite stable. There is limited movement of residents among facilities. The greatest movement of residents from these facilities is to state institutions.

In summary, the following conclusions regarding child-caring facilities for mentally retarded persons in Minnesota can be drawn:

1. The facilities are quite small. The average licensed capacity is 47. In the latter months of 1969, the average number of residents in these facilities was 46 persons. Only one facility had over 100 residents, and the facility was for adults.
2. The overall ratio of staff to residents in these facilities is relatively high because 88% of the resident care staff are part-time. The number of professional staff employed is too small to provide high-level programming for residents.
3. Nine of the 15 facilities are proprietary operations. Only two of these proprietary facilities are part of a corporate structure. The rest are small individual enterprises.
4. The age range of the residents in these facilities is very wide, ranging from infancy to over 60 years of age. The greater population of the residents (71%) are under 21 years of age.
5. These facilities serve retarded persons of all levels of ability. Most of the residents (70%) were classified as being moderately and severely retarded.

6. In general, there is little specialization as to programming or ability level of residents being served in these facilities. There is only a rather gross effort at specialization based upon chronological age. Due to the static nature of the population of these facilities, many are serving a much broader age range than was initially intended.
7. The range of programs offered in these facilities is generally very narrow. In general, most of the facilities are custodial and institutional in nature in that the residents are not integrated into and have very little interaction with the community in which the facility is located. Most of the facilities are oriented toward providing care of a custodial nature along with a minimal, non-goal-directed program of "education".

There are 14 licensed child-caring institutions for emotionally disturbed children in Minnesota. Table XVII on the following page lists these facilities, their licensed capacities, the per diem fee and the age range served. These facilities have a total licensed capacity of 455 children. The average licensed capacity is 32. The facilities range in capacity from eight to 80 residents.

In 1968, per diem fees ranged from \$7.50 to \$18.00. The average per diem fee in 1968 was \$12.82. In 1970, the per diem fees ranged from \$8.00 to \$23.00 with an average fee of \$17.61. The average per diem fee increased \$4.79 from 1968 to 1970, an increase of 37.3%. The average per diem fee in state institutions for the mentally ill is \$16.36, \$1.25 less than in these facilities.

Child-caring institutions for emotionally disturbed children serve children ranging in age from seven through 19 years. Table XVIII on page 28

TABLE XVII

Child-Caring Institutions for Emotionally Disturbed Children

<u>Name of Facility</u>	<u>Licensed Capacity</u>	<u>Per diem fee</u>		<u>Age Range Served</u>
		<u>1968</u>	<u>1970</u>	
Archdeacon Gilfillan Center Bemidji	30	\$16.00	\$20.00	12-16
Bar-None Boy's Ranch Anoka	54	\$14.00	\$20.00	9-15
Bethany Lutheran Home for Children Duluth	36	\$17.00	\$22.00	12-18
Bremer House, St. Paul	15	\$13.25	\$14.00	9-16
Carmel Heights, Duluth	20	\$14.50	\$22.00	13-19
Home of the Good Shepherd St. Paul	80	\$12.00	\$16.00	14-17
Minneapolis League of Catholic Women Group Home for Girls Minneapolis	8	\$ 8.00	\$ 8.00	13-17
Minnesota Sheriffs Boy's Ranch Austin	10	\$ 7.50	\$10.50	8-17
Morgan Park Group Home, Duluth	8	\$13.00	\$13.00	15-18
Northwood Children's Residential Treatment Center, Duluth	32	\$18.00	\$23.00	7-13
St. Cloud Children's Home St. Cloud	60	\$18.00	\$23.00	12-18
St. James Children's Home Duluth	36	\$14.00	\$22.00	9-18
St. Joseph's Home for Children Minneapolis	50	\$10.00	\$22.00	10-16
Volunteers of America Children's Residence Minneapolis	16	\$11.00	\$11.00	9-16

TABLE XVIII

Child-Caring Institutions, Emotionally Disturbed

Facility	Age Group Accepted											Admission Criteria
	2	4	6	8	10	12	14	16	18	20	21	
Bar-None Boys' Ranch												Boys, emotionally disturbed and behavior problems
Bethany Lutheran Home												Boys and girls, emotionally disturbed
Bremer House												Boys, St. Paul area, emotionally disturbed, no gross physical handicap
Carmel Heights												Girls, emotionally disturbed, behavior problems
Minneapolis League of Catholic Women Group Home												Girls, able to attend school or work, behavior problems
Minnesota Sheriffs Boys' Ranch												Boys, emotionally disturbed, behavior problems
Northwood Children's Residential Treatment Center												Boys and Girls Emotionally disturbed
St. Cloud Children's Home												Boys and girls Emotionally disturbed
St. James Children's Home												Boys, behavior problems, emotionally disturbed
St. Joseph's Home for Children												Boys and Girls, Live in Archdiocese, Emotionally disturbed
Volunteers of America Children's Home												Girls, emotionally disturbed, returning from institution
Morgan Park Group Home												Boys and Girls, mild emotional disturbance
Archdeacon Gilfillan Center												Boys and Girls, emotionally disturbed, specify a ratio of Indian children
Home of the Good Shepherd												Girls, mild emotional problems, behavior problems

graphically shows the age ranges of children accepted into these facilities. This table also briefly outlines some other admission criteria. It is interesting to note that only six of the 1*+ facilities are coeducational. There are no facilities for children under seven years of age, and only one facility will accept children as young as seven. These facilities primarily serve children between the ages of 12 and 18. Only one facility served children over 18 years of age, and that facility served children only through 19.

Child-caring institutions in Minnesota primarily serve mentally retarded persons and emotionally disturbed children. In comparing the facilities serving these two groups of handicapped persons, it is found that:

1. Child-caring institutions for emotionally disturbed children are smaller in size. Their average licensed capacity is 32, and the average licensed capacity of those serving mentally retarded persons is 47.
2. The average per diem fee in child-caring institutions for mentally retarded persons is \$8.37. The fee in facilities for emotionally disturbed children is \$17.61, over 110% more.
- .3. Child-caring institutions for emotionally disturbed children serve children with a rather narrow age range. Those facilities for mentally retarded persons serve people from birth through old age. None of the facilities for the emotionally disturbed serve adults. Over 25% of the population of those facilities for the mentally retarded is over 21 years of age.
4. Nine of the 15 child-caring institutions for the mentally retarded are proprietary operations. All of these serving the emotionally disturbed are non-profit organizations.
5. The programs offered in child-caring facilities for the mentally retarded are generally rather unsophisticated and basic. They are primarily

oriented toward basic personal maintenance and custodial care.

Programs in the facilities for emotionally disturbed are treatment-oriented, goal-directed and quite sophisticated.

Nursing Homes and Boarding Care Homes:

Nursing homes and boarding care homes are licensed by the Minnesota Department of Health. They are licensed under the provision of Section 144.50 to 144.58, inclusive, Minnesota Statutes (See Appendix C). These facilities must also conform to regulations established by the state fire marshall. These regulations are contained in Appendix D.

A nursing home is defined by the Minnesota Department of Health as a facility which "provides for the accommodation of persons who are not acutely ill and in need of hospital care, but who do require skilled nursing care and related medical services". Skilled nursing care is defined as including: "bedside care and rehabilitative nursing techniques, administration of medicines, a modified diet regime, irrigations and catheterizations, application of dressings or bandages and other treatments prescribed by a physician". The facility must also fulfill the social, religious, educational and recreational needs of the patients who are living there.

A boarding care home is defined by the Health Department as a facility which "provides personal or custodial care only". The department cites the following examples of personal or custodial care: "help with bathing, dressing, or other personal care; supervision of medications which can be safely self-administered; plus a program of activities and supervision required by persons who are not capable of properly caring for themselves".

Standards governing the operation of these facilities have been developed

by the Minnesota Department of Health. The Minnesota statutes and the regulations developed by the Minnesota Department of Health relative to nursing and boarding care homes are contained in Appendix C. In reviewing these standards, it is evident that they were developed in response to needs and problems of aged and physically infirm people. They were certainly not developed to deal with the needs and problems of mentally retarded or mentally ill persons who are physically healthy and are not of advanced age. However, the facilities in operation in Minnesota serving the greater proportion of mentally retarded and mentally ill adults in congregate living arrangements in our communities are licensed as boarding care homes.

The standards related to boarding care homes contain the same basic requirements as for nursing homes. There are additional, quite detailed requirements related to medical practices which nursing homes are required to meet. The only special requirements for boarding care homes are some very sketchy requirements detailing that medical services be available to these facilities. These standards are entirely concerned with the physical facility, health practices and some basic personnel requirements. Despite the large numbers of mentally retarded and mentally ill adults residing in these facilities, there are no standards which require that programs and services pertinent to the social, emotional, developmental, and training needs of mentally handicapped residents be available. There is a recognition that residents in these facilities may be mentally disturbed and that they may require temporary restraint and seclusion. Due to the large numbers of persons being placed into these facilities who are being returned from and are not being admitted to state institutions for the mentally retarded and mentally ill, it is necessary to modify and restructure the licensing procedures and

operational standards to assure an acceptable and appropriate level of programming as well as "care".

The following report regarding nursing homes and boarding care facilities does not intend to infer that all these facilities are serving handicapped persons. However, a very large number of mentally and physically handicapped persons are living in nursing homes and boarding care facilities. Many boarding care facilities "specialize" in mentally retarded or mentally ill persons. Many other boarding care facilities admit these persons along with elderly persons. Relatively few nursing homes specialize in serving mentally retarded or mentally ill persons. However, a major proportion of these facilities will admit physically and mentally handicapped persons, although their primary orientation is serving aged persons.

Nursing Homes:

As of March 15, 1969, there were a total of 412 nursing homes licensed in Minnesota. This number includes 64 convalescent and nursing care units, which is a nursing home unit operated in conjunction with a hospital. There were a total of 28,389 beds in nursing homes throughout the state. The average size of these facilities was 70 beds. The facilities ranged in size from eight to 481 beds. The following table shows the distribution of nursing homes in terms of bed capacity:

TABLE XIX
Licensed Capacities, Minnesota Nursing Homes

Licensed Bed Capacity	Number of Nursing Homes	Number of Beds	% of Total Nursing Homes	% of Total Beds
Under 16	12	133	2.9	0.5
16-24	31	661	7.5	2.3
25-49	112	4,268	27.2	15.0
50-99	185	12,720	44.9	44.8
Over 100	72	10,607	17.5	37.4
TOTALS	412	28,389		

Forty-four of the nursing homes were classified as "small" with under 25 beds. The average bed capacity of these homes was 18. These 44 facilities represent over 10% of the total number of nursing homes in the state. However, they had only 2.8% of the total licensed capacity of all nursing homes. Two-hundred-ninety-seven nursing homes were classified as "medium-sized" facilities with capacities from 25 to 100 beds. They represented 72.1% of all nursing homes. The average capacity of these facilities was 57 beds. These medium-sized facilities had only 59.8% of the total bed capacity. There are 72 facilities with capacities of over 100 beds which were classified as "large" facilities. The average size of these facilities was 147 beds. These large facilities represented only 17.5% of all nursing homes in the state. However, they had 37.4% of the total number of beds. Ownership of nursing homes was grouped into three basic categories: non-profit, public and proprietary. The numbers and size of the nursing homes in each of these categories is shown in the following table:

TABLE XX
Ownership of Nursing Homes in Minnesota, March, 1969

<u>Licensed Capacity</u>	<u>Type of Ownership</u>					
	<u>Non-Profit</u>		<u>Public</u>		<u>Proprietary</u>	
	<u># of Homes</u>	<u>Total Li-censed Cap.</u>	<u># of Homes</u>	<u>Total Li-censed Cap.</u>	<u># of Homes</u>	<u>Total Li-censed Cap.</u>
Under 15	7	77	2	23	3	33
16-24	13	277	4	93	14	291
25-49	60	2,312	23	909	29	1,047
50-90	76	5,196	31	1,951	78	5,573
Over 100	26	3,451	8	1,689	38	5,467
TOTALS	182	11,313	68	4,665	162	12,411

Forty-four percent of all nursing homes in Minnesota are operated by non-profit agencies. Non-profit homes had a licensed capacity of 11,313, 40% of the total capacity of all nursing homes. The average capacity of these

homes is 62 beds. Twenty of the homes were classified as small homes (under 25). One-thirty-six of these facilities (75%) were classified as medium-sized facilities (25-99 capacity). Medium-sized facilities averaged 55 beds per facility. There were 26 of the non-profit homes (14%) classified as large facilities (over 100 capacity). These large facilities had a total capacity of 3,451, an average of 133 beds each.

Proprietary nursing homes (162) accounted for 39% of the total number of facilities in the state. However, these facilities had 44% of the total beds. One-hundred-seven proprietary homes were medium sized. These medium-sized facilities had a total licensed capacity of 6,620 beds, an average of 62 beds per facility. Thirty-eight proprietary facilities were large (over 100 beds). These large homes had a total licensed capacity of 5,467, an average of 144 beds per facility. Sixty-six percent of all proprietary homes were classified as medium sized, and 23% were classified as large homes.

There were 68 publicly-owned nursing homes. These homes had a total capacity of 4,665 beds. Fifty-four of these facilities (79%) were classified as medium sized. These medium-sized facilities had a total capacity of 2,860, 61% of the total capacity of publicly-owned homes. The average capacity of these medium-sized homes was 53 beds. Eight of the publicly-owned facilities were classified as large facilities. These large facilities had a total capacity of 1,689 beds, an average capacity of 211 beds per facility.

The data presented above indicates that the largest categorical entity providing nursing home services in Minnesota is the proprietary area. This area had 20 fewer facilities, but about 1,100 more beds than the non-profit area. Non-profit homes tend to be smaller than either proprietary or publicly-owned facilities. The largest nursing facilities in Minnesota are publicly owned and operated.

Table XXI below shows the changes in numbers of nursing homes and the total licensed capacity in terms of facility ownership.

TABLE XXI Numbers and Licensed Capacities of Nursing Homes, 1968-1969

<u>Ownership of Facility</u>	<u>March, 1968</u>		<u>March, 1969</u>		<u>% Change</u>	
	<u>No.</u>	<u>Total</u>	<u>No.</u>	<u>Total</u>	<u>No.</u>	<u>Total</u>
	<u>Facil-</u>	<u>Cap.</u>	<u>Facil-</u>	<u>Cap.</u>	<u>Facil-</u>	<u>Cap.</u>
	<u>ities</u>		<u>ities</u>		<u>ities</u>	
Non-Profit Organization	177	10,391	183	11,313	+3.4	+8.9
Public	67	4,705	67	4,665	0	- .9
Proprietary	168	11,320	162	12,411	-3.6	+9.6
TOTALS	412	26,416	412	29,389	0	+7.5

From March, 1968, to March, 1969, the total number of nursing homes remained the same. There were six fewer proprietary homes and six additional non-profit homes. The number of publicly-owned facilities remained the same, although the capacity of these facilities decreased 40 beds (0.9%). Despite the fact that there was no increase in the total number of facilities, the total capacity of the facilities increased 1,973 (7.5%).

In 1943, there were 137 nursing homes in Minnesota with a total capacity of 3,905 beds. The average size of these facilities was 28 beds. In 1960, there were 346 nursing homes having a total capacity of 11,308 beds, an average of 33 beds per facility. In 1969, there were 412 homes with a total capacity of 28,389, an average of 69 beds per facility, more than twice the average size of nursing homes in 1960. The data above indicates rapid increase in the number and size of nursing homes in Minnesota. The 1968-1969 comparisons indicate that the trend toward larger facilities still continues.

Boarding Care Homes:

As of March 15, 1969, there were 261 facilities having boarding care home licenses in Minnesota. However, 90 of these licenses were issued to nursing

homes which had a wing, a building, or a certain number of beds licensed as boarding care beds. These 90 dual facilities had 4,614 licensed boarding care beds in addition to 5,009 nursing beds. These dual facilities had a total capacity of 9,623 beds, an average capacity of 115 beds each.

There were 171 boarding care homes which were not associated with nursing homes. These 171 facilities had a total licensed capacity of 388 beds, an average capacity of 23 beds each. The table below shows the ownership of boarding care homes which are not attached to nursing homes.

TABLE XXII
Ownership of Boarding Care Homes Not Associated
with Nursing Homes

Type of Ownership	Number of Facilities	Licensed Capacities
Proprietary	128	1,969
Corporation	18	948
Non-Profit Organization	22	887
Public	3	77
TOTAL	171	3,881

Proprietary and corporate-owned boarding care homes comprised 85% of the total number of boarding care homes not attached to nursing homes. Proprietary facilities tended to be small. The average capacity of these facilities was 15 beds. Corporate-owned facilities tended to be larger, with an average capacity of 53 beds. Non-profit-owned facilities also tended to be quite large, with an average capacity of 40 beds.

The table on the following page contains data regarding fire protection of boarding care homes categorized in terms of facilities attached to nursing homes and those not operated in conjunction with nursing homes.

TABLE XXIII
Fire Protection Status of Boarding Care Homes

	<u>Fire Resistive</u>		<u>Sprinkler</u>		<u>Neither fire res. nor sprinkler system</u>	
	<u># of</u> <u>Facil-</u> <u>ities</u>	<u>Licensed</u> <u>Capacity</u>	<u># of</u> <u>Facil-</u> <u>ities</u>	<u>Licensed</u> <u>Capacity</u>	<u># of</u> <u>Facil-</u> <u>ities</u>	<u>Licensed</u> <u>Capacity</u>
Attached to nursing homes	50	2,417	38	2,026	10	171
Separate from Nursing Homes	<u>18</u>	<u>1,113</u>	<u>70</u>	<u>1,848</u>	<u>91</u>	<u>921</u>
TOTALS	68	3,530	108	3,864	101	1,092

Most boarding care facilities in Minnesota are either fire resistive or have sprinkler systems as means of fire protection. However, 101 boarding care homes have neither of these means of protection. Ninety-one of the homes without these types of fire protection are operated as separate entities from nursing homes. These 91 facilities have a total licensed capacity of 921, an average of ten beds per home.

As previously stated, there were 261 boarding care homes and units in Minnesota, as of March 15, 1969. These facilities ranged in capacity from 4 to 249 beds. The following table shows the distribution of these facilities in

4

terms of licensed capacity:

**TABLE XXIV Licensed Capacity
of Boarding Care Homes**

<u>Licensed Capacity</u>	<u># of Homes</u>	<u>Capacity</u>	<u>% of Total # of Homes</u>	<u>% of Total Capacity</u>
3-15	199	1,196	45.6	13.9
16-24	40	805	15.3	9.4
25-49	50	1,628	19.2	19.0
50-99	35	2,286	13.4	26.7
Over 100	<u>17</u>	<u>2,659</u>	6.5	31.0
TOTAL	261	8,574		

Over 60% of the boarding care homes are small (licensed capacity under 25). However, these small homes have only 23% of the total licensed capacity of

boarding care homes. Eighty-five boarding care homes were classified as medium-sized facilities (25-99) capacity. These 85 homes represented 32% of all licensed homes and had 46% of the total licensed capacity. There were only 17 boarding care facilities with licensed capacities over 100. These facilities represented only 6.5% of all licensed boarding care homes, although their combined licensed capacity represented 31% of the total licensed capacity of all boarding care homes in Minnesota. The greater proportion of boarding care homes in Minnesota are small; however, 76.1% of the beds are in medium-sized and large facilities.

Table XXV shows a categorical breakdown of boarding care homes in terms of licensed capacity and type of ownership.

<u>TABLE XXV</u> <u>Ownership and Licensed Capacity, Boarding Care Homes</u>						
<u>Licensed Capacity</u>	<u>Non-Profit</u>		<u>Public</u>		<u>Proprietary</u>	
	<u># of Homes</u>	<u>Licensed Capacity</u>	<u># of Homes</u>	<u>Licensed Capacity</u>	<u># of Homes</u>	<u>Licensed Capacity</u>
3-15	19	183	2	16	98	997
16-24	11	227	1	17	28	561
25-49	23	816	2	60	25	752
50-99	34	2,214			1	72
Over 100	10	1,511	2	490	5	658
TOTALS	97	4,951	7	583	157	3,040

The data in Table XXV illustrates the minimal involvement of public ownership and operation of boarding care facilities. There are only 7 publicly-owned and operated facilities with boarding care beds in Minnesota. The provision of this type of service to elderly and handicapped persons rests almost entirely with the non-governmental sphere. Small proprietary operations (under 25) comprise nearly one-half of the total number of boarding care facilities in Minnesota. The largest proportion of boarding care homes are proprietary operations. However, the largest proportion of beds are in non-profit

operations. There are twice as many large (over 100) non-profit facilities as there are large proprietary facilities.

Table XXVI below shows comparative fire protection data for nursing homes and boarding care homes:

TABLE XXVI
Fire Protection Status, Nursing Homes and Boarding Care Homes

<u>Fire Protection</u>	<u>Nursing Homes</u>		<u>Boarding Care Homes</u>	
	<u># of Facilities</u>	<u>Licensed Cap.</u>	<u># of Facilities</u>	<u>Licensed Cap.</u>
Fire Resistive	357	25,366	74	3,594
Sprinkler System	52	2,952	95	3,876
Neither Fire Resistive nor Sprinkler System	3	71	92	1,104
TOTALS	412	28,389	261	8,574

The data in the above table shows that 86.7% of all nursing homes are fire resistive. These fire resistive homes have 89.4% of total nursing home beds in the state. There are only three nursing homes which are neither fire resistive nor have sprinkler systems for protection. However, only 28.3% of the boarding care facilities are fire resistive. These facilities have

41.9% of the total boarding care beds in Minnesota. There are 92 boarding care homes which are neither fire resistive nor have sprinkler systems. These 92 facilities have a combined capacity of 1,104 beds, 11.7% of the total capacity of boarding care homes in Minnesota. This fire protection data is indicative of the age of many boarding care homes and also of the fact that many boarding care homes were not constructed for the purpose for which they are now being used.

As of March 15, 1969, there was a combined total of 673 nursing and boarding care homes in Minnesota. These facilities had a total capacity of

36,963 beds. The following table shows the ownership status of these facilities:

TABLE XXVII
Licensed Capacity, Combined Nursing Homes
and Boarding Care Homes

<u>Ownership</u>	<u>Number of Homes</u>	<u>Licensed Capacity</u>
Non-Profit Organization	280	16,264
Public	74	5,248
Proprietary	<u>319</u>	<u>15,451</u>
TOTALS	673	36,963

The greater proportion of nursing and boarding care (44%) is provided by the non-profit segment of our society. The proprietary segment provides 42% of this care, and the public segment provides only 14%.

The combined number of nursing and boarding care beds in Minnesota has increased from 15,673 to 36,963 during the ten-year period 1960-1969. This represents an increase of 135%. The licensed capacity of nursing homes increased from 11,308 in 1960 to 28,389 in 1969, an increase of 17,081 beds. This represents a percentage increase of 151%. The number of boarding care beds increased from 4,365 in 1960 to 8,574 in 1969, an increase of 4,209. The capacity of

4

boarding care homes in Minnesota increased 96% from 1960 to 1969.

Table XXVIII shows the changes in total capacity of nursing homes and boarding care homes from 1960 to 1969.

TABLE XXVIII
Licensed Capacity of Nursing Homes and
Boarding Care Homes, 1960-1969

	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
Nursing Homes	11308	11947	13584	14835	17090	19631	22380	24545	26416	28349
Boarding Care Homes	4365	5099	5837	6078	6350	7297	7656	7536	7946	8574
TOTALS	<u>15673</u>	<u>17046</u>	<u>19421</u>	<u>20913</u>	<u>23440</u>	<u>26928</u>	<u>30036</u>	<u>32081</u>	<u>34362</u>	<u>36923</u>

During the ten-year period 1960-1969, the total licensed capacity of nursing homes in Minnesota increased each year. The percentage increase in total capacity ranged from 5.2% from 1960-1961, to 15.2% from 1963-1964. The average annual percentage increase during the ten-year period was 10.8%. There is some indication that the rate of increase has declined since 1963. The rate in increase from 1968 to 1969 was less than one-half the rate of increase from 1963 to 1964.

There was a sharp increase in the total capacity of boarding care homes from 1960 to 1969. The rate of increase during these years fluctuated a great deal. In fact, from 1966 to 1967, there was a decrease in the total capacity of these facilities. There is no apparent trend in the annual rate of total capacity changes in boarding care homes. Table XXIX shows the annual percentage changes in nursing and boarding care homes in Minnesota.

TABLE XXIX
Percentage Changes in Licensed Capacity
of Nursing and Boarding Care Homes

	1960- 1961	1961- 1962	1962- 1963	1963- 1964	1964- 1965	1965- 1966	1966- 1967	1967- 1968	1968- 1969
Nursing Homes	5.6	13.7	9.2	15.2	14.9	14.0	9.7	7.6	7.5
Boarding Care Homes	16.8	14.4	4.1	4.5	14.9	4.9	-2.6	5.4	7.9
Combined Total Capacity	8.8	13.9	7.7	12.1	14.9	11.5	6.8	7.1	7.6

The data gathered in this survey of nursing and boarding care homes does not include information regarding the numbers of handicapped persons who are living in these facilities. However, agencies involved in placement and supervision of handicapped persons in residential facilities concur that nursing and boarding care homes are the primary resources for placement of handicapped adults at the community level.

In addition to nursing and boarding care homes, there is only one licensed, non-governmental residential resource available for handicapped adults. This resource is those homes licensed by the Minnesota Department of Health as board and lodging facilities. At the present time, there are 361 such facilities in Minnesota. Appendix E contains the licensing requirements for these facilities. Data regarding these facilities is not readily available. However, these facilities, as well as boarding care homes, should be the subject of further, more intense study to determine the following:

- a. Numbers of physically and mentally handicapped persons in residence.
- b. Levels of care and supervision.
- c. Physical aspects of facilities.
- d. Involvement of residents in meaningful, appropriate programming.
- e. Rates charged.
- f. Overall ability of facilities to provide or obtain the wide range of services necessary to meet the needs of residents.

Summary:

The data contained in this report indicates the great changes which have occurred in the growth and development of residential facilities for handicapped persons in Minnesota. These changes have primarily occurred during the decade of the '60's. Major changes are:

1. Radical decline in population of state institutions for mentally retarded and mentally ill persons.
2. A tremendous growth of numbers and total capacity of nursing homes and boarding care homes.
3. Increased utilization of community residential facilities for mentally retarded and mentally ill persons of all ages and degrees of handicap.

4. Shifting of responsibility for providing residential services for handicapped persons from the governmental to the non-governmental sphere. Governmental responsibility is shifting toward becoming primarily a funding and licensing agent in residential services.
5. An increasing awareness of the need for planned development of both governmental and non-governmental residential facilities for handicapped persons.

Residential services for handicapped persons are moving from a static phase of custodial care and treatment toward a dynamic system of meeting the needs of handicapped persons on a community rather than a state level with a goal of enabling the handicapped person to lead as normal a life as possible within, and as a functioning part of, our social structure. The Minnesota Association for Retarded Children has been actively involved in the development of residential facilities for retarded persons. They have worked together with the Minnesota Association for Mental Health and have jointly developed a position regarding future development of residential facilities. Their position is that residential facilities for mentally handicapped persons should be small and located and integrated into local communities. They further believe that residential facilities should not become institutionalized in the sense that they provide all programs and services needed by their residents. The associations delineate between residential services and program services and advocate that program services be provided outside of the residential facility. The central theme in the development and operation of residential facilities should be "normalization", a concept based upon allowing the handicapped person to experience as normal a life as possible within the very broad constraints of his handicap.

The following statement by the Minnesota Association for Retarded Children concisely expresses the pattern of future development of residential facilities:

"It is our position that the primary role of community residential facilities for the mentally retarded persons is to provide high-level residential services within the framework of normalization for their residents. Community residential services are supportive of other specialized services and programs and become an integral part of a complex of services. In this context, residential services are specialized and limited and are not intended to meet all, or even the greater part of, the needs of residents. Residential services are defined as those services which are necessarily and normally provided within the home environment. Included are services such as: meals, a place for privacy of self and possessions, a room in which to sleep, supervision, guidance and counseling, leisure-time activities and self-maintenance services. Education, training, therapeutic and other such services are provided through community resources outside the home. Community residential services from this perspective are viewed as supportive services to day programs of education, training and treatment. Development of residential facilities within this framework will discourage the growth of the "institutional syndrome" which is prevalent within most existing residential facilities for mentally retarded persons. An institution is created when the majority of the life activities of the residents of a facility are provided, or take place within that facility."

Normalization:

"This is the central guiding principle which we feel must dictate the course of future development of residential services and the continuum of programming and services needed to enable mentally retarded persons of all ages and levels of ability to grow, develop, experience and participate in society to the extent of their ability. The principle of normalization as expressed by S. E. Bank-Mikkelsen of Denmark is quite simple: to let the mentally retarded obtain an existence as close to normal as possible.' Thus, this principle means making readily available to mentally retarded persons patterns and conditions of their every day life which are as similar as possible to those of the mainstream of our society. We agree with Bengt Nirje of Sweden in his assertion that this principle be applied to all mentally retarded persons, regardless of their age, whether mildly or profoundly retarded, or whether living in the parental home or in residential facilities with other retarded individuals.

"In regard to residential services and facilities for retarded children, the normalization principle dictates that:

1. Facilities be located and integrated into the community near the retarded child's parental home. Severance of parental ties and relationships during childhood is not normal in our society and is generally not beneficial to either the child or the family.

2. The facilities conform in size and structure to what is normal for non-handicapped children in our society. It is especially important that a facility never be developed for a larger number of children than the surrounding neighborhood and community can readily assimilate into its regular every-day community life.
3. Retarded children in residential facilities experience as normal a routine of life as possible. Most children live in one place, attend school somewhere else, receive medical, dental and therapeutic services in yet another setting, and have leisure-time activities in a variety of places. It is wrong when a retarded child has his training classes, his structured therapies, his recreational activities and the majority of other aspects of living in the same building or complex that also serve as his 'house'.

"We feel that now is the time to begin to develop residential facilities which are non-institutional in both physical size and design and programming. The climate is right for the development of facilities which are primarily oriented to providing residential services to their residents. These facilities will not need to justify their existence through research, training of professional personnel or non-residential program demonstration. In fact, these activities would generally not be incorporated within the facility, because they are in direct violation to the principle of normalization.

These activities could be conducted in conjunction with residential facilities, but would not interfere with normal life activities of residents, nor would they supersede residential service in priority or status."

APPENDIX A MINNESOTA NURSING AND

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>AITKIN</u>					
Aitkin Community Hospital - C&NC Unit	301 Minnesota Ave. So. Aitkin 56431	NPA	Mr. Floyd Snodgrass	48-F	6-F
D. & L. Boarding Care Home	323 2nd St. N.W. Aitkin 56431	Part	Mrs. Lois Sandberg		8-X
The Gables, Inc.	Aitkin 56431	Corp.	Mr. Max Blaufuss	25-F 16-S	
<u>ANOKA</u>					
Anoka Nursing Home, Inc.	305 Fremont Ave. Anoka 55303	Corp.	Mr. George Hedlund	66-F	
Crestview Lutheran Home	4444 Reservoir Blvd. Columbia Heights 55421	NPA	Rev. Erwin Schroeder	122-F	
Lynwood Manor, Inc.	5700 E. River Road Fridley 55421	Corp.	Mrs. Marjorie Johnson	54-F	
Maple Manor Nursing Home, Inc.	1040 Madison St. Anoka 55303	Corp.	Mr. Vernon Plaisance	125-F	
Park River Estates Nursing Home	1371 98th Ave. N.W. Coon Rapids 55433	Ind.	Mr. Edward Chies	69-F	
<u>BECKER</u>					
Emmanuel Nursing Home	Detroit Lakes 56501	NPA	Mr. L. D. Hillman	104-F	
Magnan Rest Home (BCH)	Callaway 56521	Ind.	Miss Ora Magnan		7-X
Sunnyside Rest Home	Lake Park 56554	Co.	Mr. Harold Dunham	63-F	
<u>BELTRAMI</u>					
Beltrami Co. Nursing Home	Route #2 Bemidji 56601	Co.	Mr. Irvan Anderson	85-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
BELTRAMI (Continued)					
Bemidji Hospital - C&NC Unit	803 Dewey Avenue Bemidji 56601	NPA	Miss Myrtle Skoog	60-F	
Fairview Nursing Home	2525 Bemidji Ave. Bemidji 56601	Part.	Mrs. Fern Dahl	20-S	3-X
Good Samaritan Nursing Home	Kelliher 56650	NPA	Mr. William Bredenstine	39-F	
BENTON					
Doran Rest Home (BCH)	Rt. #2 Sauk Rapids 56379	Ind.	Mrs. Mary Doran		11-X
Good Shepherd Lutheran Home	1115 4th Ave. No. Sauk Rapids 56379	NPA	Mr. Richard Lackman	102-F	
Granite Boarding Care Home	202 2nd Ave. S. Sauk Rapids 56379	Ind.	Mr. Quinton Hammerding		20-X
Helgeson Nursing Home	213 2nd Ave. No. Sauk Rapids 56379	Part.	Mrs. Florence Helgeson	12-F 13-X (12-13)/•/	
BIG STONE					
Clinton Good Samaritan Center	Clinton 56225	NPA	Mr. John Knutson	46-F	
Holy Trinity Hospital - BCH Unit	Graceville 56240	NPA	Sr. M. Herma Appel		17-S
Lakeview Boarding Care Home	Ortonville 56278	Corp.	Mrs. Marjorie Olson		13-X
Parkview Nursing Home, Inc.	309 Washington Ave. Ortonville 56278	Corp.	Mr. Arch Wilson	24-S	
BLUE EARTH					
Hillcrest Rest Home of Mankato, Inc.	Highway 169 S.W. Mankato 56001	Corp.	Mr. Karl Pelovsky	69-F	
Immanuel - St. Joseph's Hosp. of Mankato, Inc.	413 No. Fourth St. Mankato 56001	NPA	Mr. Robert Strathy	10-S	
Immanuel C&NC Unit					
Lake Crystal Nursing Home, Inc.	Lake Crystal 56055	Corp.	Mr. Karl Pelovsky	60-F	4-F
Mankato House Nursing Home, Inc.	700 James Ave. Mankato 56001	Corp.	Mrs. Betty Holst	96-F	
Mankato Lutheran Home for Aged	718 Mound Ave. Mankato 56001	NPA	Rev. J. S. Swenson	45-F	24-F
Mapleton Community Home	Mapleton 56065	NPA	Mr. Calvin Ward	53-F	
Oaklawn of Mankato, Inc.	1112 Mulberry Mankato 56001	Corp.	Mr. Phillip Buckman	63-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>CHIPPEWA (Continued)</u>					
Luther Haven Nursing Home	E. Highway 7 Montevideo 56265	NPA	Mr. William Kamholz	60-F	
Sausele Boarding Care Home	421 No. 7th St. Montevideo 56265	Ind.	Mrs. Anna Sausele		12-X
<u>CHISAGO</u>					
Chisago Lutheran Home for Aged	Chisago City 55013	NPA	Mrs. Evelyn Ofelt	39-S	57-S
Green Acres Nursing Home	North Branch 55056	Co.	Mr. Ellis Johnson	95-F 16-S	
Hazeldon Foundation	Center City 55012	NPA	Mr. Daniel Anderson	21-F	
Hillcrest Manor Nursing Home, Inc.	Rush City 55069	Corp.	Mr. Courtney Ring	65-F	
<u>CLAY</u>					
Americana Nursing Center, Inc.	Moorhead 56560	Corp.	Mr. Doyan Stokes	78-F	
Barnesville Nursing Home	Barnesville 56514	NPA	Mr. Ivan Ray Kramer	76-F	
Eventide Lutheran Home	1405 S. 7th St. Moorhead 56560	NPA	Mr. C. M. Haase	101-F	
Hovelsrud Boarding Care Home	304 Hartford Hawley 56549	Ind.	Mrs. Fern Hovelsrud		12-X
Johnson Boarding Care Home	915 S. 11th St. Moorhead 56560	Ind.	Mrs. Helen Johnson		7-X
Viking Manor Nursing Home	Ulen 56585	City	Mr. Arnold Mellum	44-F	
<u>CLEARWATER</u>					
Clearwater Sunset Home (BCH)	Bagley 56621	NPA	Mrs. Emma Fultz		12-X
Good Samaritan Home	Clearbrook 56634	NPA	Mr. Don Calander	97-F	
Greensview Nursing Home	Bagley 56621	Corp.	Mr. Wayne Cease	70-F	
<u>COOK</u>					
North Shore Hospital - C&NC Unit	Grand Marais 55604	Co.	Mr. James Mitchell	27-F	
<u>COTTONWOOD</u>					
Bethel Home for the Aged C&NC Unit (Bethel Hospital)	810 Third Avenue Mountain Lake 56159	NPA	Mr. Michael Dulaney	23-F	
Community Sr. Citizens Home	Westbrook 56183	NPA	Mr. Grant Flatgard	35-F	
Eventide Home	810 Third Ave. Mountain Lake 56159	NPA	Mr. Michael Dulaney	23-F	35-F

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>BROWN</u>					
Divine Providence Community Home	3rd Ave. N.W. Sleepy Eye 56085	NPA	Sr. Magdalene	40-F	
Highland Manor	405 N. Highland New Ulm 56073	NPA	Mr. Gerald Larson	73-F	
St. Alexander Home - C&NC Unit (Loretto Hospital)	1324 5th St. North New Ulm 56073	NPA	Sr. M. Fabiola	61-S	
St. John Lutheran Home	Springfield 56087	NPA	Mr. Paul Albrecht	36-F 27-S	29-S
Union Hospital - C&NC Unit	7th St. & Broadway New Ulm 56073	NPA	Mr. Harold Isackson	12-F	
<u>CARLTON</u>					
Carlton Nursing Home, Inc.	810 3rd St. Carlton 55718	NPA	Mr. Bernard Buchanan	61-F	
Community Memorial Hospital - C&NC Unit	Skyline Blvd. Cloquet 55720	NPA	Mr. James Thomson	88-F	
Mercy Hospital - C&NC Unit	Moose Lake 55767	Dist.	Mr. William Zellmann	54-F	
<u>CARVER</u>					
Elm Home	Watertown 55388	NPA	Mr. Gustav Spletsoeser	55-F	
Lake Auburn Home for Aged	Rt. #1 Excelsior 55331	NPA	Miss Esther Krey		22-F
Nightingale Nursing Home	232 So. Elm St. Waconia 55387	NPA	Mrs. Florence Manteuffel	37-F	6-F
Norwood Rest Home (BCH)	Norwood 55368	Corp.	Rev. Gary Noyes		28-S
<u>CASS</u>					
Ah-Gwah-Ching Nursing Home	Ah-Gwah-Ching 56430	State	M. M. Williams, M.D.	481-F	
Good Samaritan Home	Pine River 56574	NPA	Mr. Clarence Austad	69-F 6-X	
Lind BCH	Hackensack 56452	Ind.	Mrs. Olivia Lind		18-S
Woodrest Nursing Home	Walker 56484	Corp.	Mr. Charles Kureth	66-F	
<u>CHIPPEWA</u>					
Clara City Community Nursing Home	Clara City 56222	City	Mrs. Arlene Leidheiser	46-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>COTTONWOOD</u> (Continued)					
Mt. Lake Good Samaritan Center	308 North Tenth Mountain Lake 56159	NPA	Mr. Alfred Rupp	48-F	
Sogge Memorial Home	Fuller Drive Windom 56101	NPA	Mr. Noel Hoffman	76-F	
<u>CROW WING</u>					
Brainerd Nursing Home	1206 S. 9th St. Brainerd 56401	Part.	Mrs. Janet Herd	24-F	17-S
Cedar Brook Manor	Route #1 Deerwood 56444	Co.	Mrs. Joyce Underkofler	97-F	
Good Samaritan Home	803 Kingwood St. Brainerd 56401	NPA	Mr. Armin Lauck	36-F	36-F
<u>DAKOTA</u>					
Golden Oaks Nursing Home	1025 Ninth Ave. S. So. St. Paul 55075	Corp.	Mr. Edward Lehmann	96-F	
Hastings Boarding Care Home, Inc.	7th & Ramsey Hastings 55033	Corp.	Mrs. Delia Novak		24-S
Haven Homes, Inc.	930 W. 16th St. Hastings 55033	NPA	Rev. L. Fair	74-F	
Inver Grove Nursing Home	Route 10 So. St. Paul 55075	NPA	Rev. Harvey Junker	76-F	
Regina Memorial Hospital C&NC Unit	Nininger Road Hastings 55033	NPA	Sr. M. Tabitha VanDeursen	60-F	86-F
Senford Memorial Hospital C&NC Unit	913 Main St. Farmington 55024	NPA	Mr. Donald Overbee	25-F	
Southview Acres, Inc.	375 E. Mendota Rd. West St. Paul 55118	Corp.	Mr. Harry Lemieux	24-F	47-S
<u>DODGE</u>					
Fairview Nursing Home	Dodge Center 55927	Co.	Mr. Charles Carlier	56-F	
Fieldcrest Nursing Home	Box 144 Hayfield 55940	City	Mr. Stanley Lindgren	61-F	
Kasson Rest Home (BCH)	Kasson 55944	Ind.	Mrs. Grace Hancock		12-X
Maves Rest Home (BCH)	Hayfield 55940	Part.	Mrs. Grace Maves		14-X
Morningside Nursing Home	Box 354 West Concord 55985	Ind.	Mrs. Dorothy Niemeyer	16-S (5-11)/•/	
Walters Rest Home (BCH)	Dodge Center 55927	Ind.	Miss Mary Walters		4-X

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>DOUGLAS</u>					
Bethany Home	1020 Lark Street Alexandria 56308	NPA	Rev. Ervin Malm	121-F	68-S
Community Memorial Home	Rt. #1, Box A Osakis 56360	NPA	Mrs. Evelyn Graf	62-F	
Crestview Manor, Inc.	P.O. Box 176 Evansville 56326	Corp.	Mr. Dennis Dahlen, R.N.	70-F	
Knute Nelson Memorial Home	420 12th Ave. E. Alexandria 56308	NPA	Rev. Vernon Holte	47-F	15-S
Our Lady of Mercy Home (BCH)	Alexandria 56308	NPA	Sr. M. Patrice Kiefer		15-F
St. Luke's Rest Home (BCH)	222 Ninth Ave. W. Alexandria 56308	Ind.	Mr. Otto Knarreborg		24-S
<u>FARIBAULT</u>					
Behr Parkview Nursing Home	55 First Street Wells 56097	Corp.	Mrs. Joy Behr	60-F	1-F
St. Luke's Lutheran Home	1719 S. Ramsey St. Blue Earth 56013	NPA	Mr. Harlan Gaard	60-F	
Winnebago Baptist Residence	217-500 West North Winnebago 56098	NPA	Rev. Elmer Brayton	41-F	26-S 12-F
<u>FILLMORE</u>					
Cunningham's Rest Home (BCH)	Lanesboro 55949	Part.	Mr. Maynard Cunningham		11-X
Garnatz Boarding Care Home	Lanesboro 55949	Part.	Mr. Dallas Garnatz		16-S
Good Shepherd Lutheran Home	Rushford 55971	NPA	Mr. Howard Benson	66-F	
Green Lea Manor	Box 306 Mabel 55954	City	Mr. Roland Torgerson	69-F	
Park View Retirement and Nursing Home, Inc.	Ostrander 55961	Corp.	Mr. Raymond Skaran	51-F	
Preston Nursing Home, Inc.	Preston 55965	Corp.	Mrs. Adeline Lillejord	79-F	
Terrace Rest Home (BCH)	218 Winona Street Chatfield 55923	Ind.	Mrs. Signa Sorenson		15-X
Terrace View Rest Home (BCH)	513 N. Broadway Spring Valley 55975	Ind.	Mrs. Stella Darbo		11-X
Valley Rest Home (BCH)	508 N. Huron Ave. Spring Valley 55975	Ind.	Mrs. Vera Torgeson		11-X

NURSING HOMES AND BOARDING CARE HOMES

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>FREEBORN</u>					
Albert Lea Boarding Care Center	315 Park Avenue Albert Lea 56007	Ind.	Mrs. Myrtle Dahl		20-S
Albert Lea Good Samaritan Home	Rt. #2 Albert Lea 56007	NPA	Mr. Elmer Hall	99-F	32-S
Broadway Rest Home (BCH)	512 S. Broadway Albert Lea 56007	Ind.	Mrs. Annabelle Frazier		11-X
Conner Boarding Care Home (BCH)	701 Fountain St. Albert Lea 56007	Ind.	Mrs. Edna Conner		11-X
Cornick Nursing Home	617-10th St. Albert Lea 56007	Ind.	Mrs. Muriel Cornick	28-F	
Norstrude Guest Home (BCH)	601 E. Fifth St. Albert Lea 56007	Ind.	Mrs. Ellen Evans		9-X
St. John's Lutheran Home	Luther Place Albert Lea 56007	NPA	Rev. C. S. Pederson	92-F	52-F
<u>GOODHUE</u>					
Barringer Boarding Care Home	1128 College Ave. Red Wing 55066	Part.	Mr. Sam Barringer		11-X
Community Hospital - C&NC Unit	1116 Mill St. W. Cannon Falls 55009	City	Miss Agatha Sandmann, R.N.	22-F	
Community Nursing Home	433 Mill Street Zumbrota 55992	City	Mr. George Freeman	40-F	8-F
Haven Homes Residence #1 (BCH)	802 E. Ave. Red Wing 55066	NPA	Mrs. Gerda Borgen		21-F 20-S
Haven Homes Residence #2 (BCH)	605 E. Ave. Red Wing 55066	NPA	Mrs. Gerda Borgen		19-S
Hillgren Rest Homes, Inc. (BCH)	927 W. Third Red Wing 55066	Corp.	Miss Lydia Dahl		28-S
Kenyon Sunset Home	127 Second St. Kenyon 55946	NPA	Mr. Albion Rodde	62-F	21-X
Pine Haven Nursing Home	Washington St. Pine Island 55963	NPA	Mrs. Virginia Ugland	48-F	
Red Wing Nursing Home, Inc.	1400 W. 4th St. Red Wing 55066	Corp.	Mrs. Janet Johnson	108-F	
Red Wing Seminary Memorial Home	906 College Ave. Red Wing 55066	NPA	Mr. Oscar Mikkelsen	48-F	15-X

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>GRANT</u>					
Barrett Community Home	Barrett 56311	Corp.	Mr. Abner Olson	55-F	
Community Memorial Hospital - C&NC Unit	Box 306 Elbow Lake 56531	NPA	Mrs. Kathleen Rosin	24-F	
Hoffman Nursing Home	Hoffman 56339	NPA	Mr. James Wolf	54-F	
Pelican Lake Nursing Home, Inc.	Ashby 56309	Corp.	Mr. Bennie Walseth	33-F 18-S (6-12)	<u>/•/</u>
<u>HENNEPIN - MINNEAPOLIS</u>					
Abbott Hospital - C&NC Unit	110 E. 18th St. 55403	NPA	Mr. Sheldon Truax	14-F	
Aberdeen Boarding Care Home	3020 Lyndale Ave. S. 55408	Ind.	Mrs. Minabel Morgerone		14-S
Aldrich Boarding Care Home	3101 Aldrich Ave. S. 55408	Ind.	Mr. Donald Thistlewood		25-S
Alliance Residence	3101 Lyndale Ave. S. 55408	NPA	Rev. Raymond Chapman	32-F 38-S	11-F 22-S
Angelus Nursing Home, Inc.	4544-4th Ave. S. 55409	Corp.	Mr. Gael Coleman	84-F	
At-Ease Rest Home (BCH)	2319 First Ave. S. 55404	Ind.	Mr. Carmen Caruso		15-X
Augustana Home of Mpls.	1007 E. 14th St. 55404	NPA	Mr. Alvar Nelson	197-F	75-S 25-X
Bannochie Nursing Home, Inc.	3515 2nd Ave. S. 55408	Corp.	Mr. Douglas Bannochie	43-S	
Baptist Residence	512 N. 49th Ave. 55430	NPA	Mr. George Thomas	40-F	58-F
Bethany Covenant Home	2309 Hayes St. N.E. 55418	NPA	Mr. Farrington Rudeen	24-F	58-F 9-X
Birchwood Boarding Care Home	715 W. 31st. St. 55408	Corp.	Mr. Donald Thistlewood		40-F
Blaisdell Avenue Baptist Home (BCH)	2118 Blaisdell 55404	NPA	Mr. Carlton Wachter		39-F
Boreen Nursing Home, Inc.	2100 First Ave. S. 55404	Corp.	Mr. Jesse Shapiro	35-S	
Bristol Rest Home (BCH)	2500 Pillsbury Ave. 55404	Ind.	Miss Vera Bristol		22-S
Bryn Mawr Homes, Inc.	275 Penn Ave. N. 55404	Corp.	Mr. Sheldon Berman	108-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	bdg. Care Beds
HENNEPIN - MINNEAPOLIS (Continued)					
Mary Burg Boarding Care Home	2552 Colfax Ave. S. 55405	Part.	Mrs. Mary Burg		18-S
Camellia House	1620 Oak Park N. 55411	Corp.	Mrs. DeValma Newman	96-F	
Careview Nursing Home	5511 Lyndale Ave. S. 55419	NPA	Mrs. Ruth Eckerman	150-F	
Cedar Pines Nursing Home	2739 Cedar Ave. 55407	Corp.	Mr. Fred Nugent	131-F	
Central Nursing Home, Inc.	1828 Central Ave. N.E. 55418	Corp.	Mr. Sidney Shields	152-F	
Chateau Nursing Home, Inc.	2106 2nd Ave. S. 55404	Corp.	Mr. Harry Breitman	93-F	
Claremar Nursing Home, Inc.	2605 2nd Ave. S. 55408	Corp.	Mrs. Margaret Larson	34-S	
Danebo Home (BCH)	3030 W. River Road 55406	NPA	Mrs. Anna Hansen		39-S
Eagle Boarding Care Home #1	3045 Columbus Ave. S. 55407	Part.	Mrs. Nancy Kline		12-S
Eagle Boarding Care Home #2	3103 Columbus Ave. S. 55407	Part.	Mrs. Nancy Kline		11-X
Eastwood Nursing Home	1307 6th St. S.E. 55414	Ind.	Mr. Patrick Taylor	19-S	
Ebenezer Hall	2545 Portland Ave. 55404	NPA	Mr. Allen Molberg	33-F	139-S
Ebenezer Hall (John Field Hall)	2647 Oakland Ave. 55407	NPA	Mr. Allen Molberg	97-F	
Ebenezer Hall (Luther Hall & Annex)	2631 Oakland Ave.- 2636 Park Ave. 55407	NPA	Mr. Allen Molberg	103-F	28-F
Elliot Ave. Boarding Care Home	1500 Elliot Ave. 55404	Ind.	Miss Evelyn Ahlem		16-S
Emerson Boarding Care Home	2708 Emerson Ave. S. 55408	Ind.	Mr. Charles Eicher		11-X
The Emerson House	3032 Emerson Ave. S. 55408	Corp.	Mrs. Einora Tumas		13-X
Fair Oaks Nursing Home	321 E. 25th St. 55404	Corp.	Mrs. Norma Olson	114-F	
Fairview Boarding Care Home	2801 2nd St. N. 55411	Ind.	Miss Alvina Kanz		14-X
Fairview Hospital - C&NC Unit	2312 S. 6th St. 55406	NPA	Mr. John King	100-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>HENNEPIN - MINNEAPOLIS (Continued)</u>					
First Avenue Boarding Care Home	2412 1st. Ave. S. 55404	Part.	Mrs. Mae Kucler		10-X
First. Christian Church Residence	2300 Stevens Ave. S. 55404	NPA	Mr. Arthur Rees	30-F	40-F
Four-Two-Five Oak Grove (BCH)	425 Oak Grove St. 55403	Part.	Mrs. Louvida Nelson		11-X
Franklin Nursing Home	501 Franklin Ave. W. 55405	NPA	Mr. Roger Jewett	24-F 45-S	
Gena Rask Boarding Care Home	2409 Pillsbury Ave. S. 55404	Ind.	Mr. Harry Meltz		15-S
Grand Avenue Boarding Care Home	3956 Grand Ave. S. 55409	Part.	Richard & Dallas Johnson		21-S
Groveland Terrace Nursing Home, Inc.	15 Groveland Terrace 55403	Corp.	Mrs. Ethel Comas	34-S	
Hem Kera Hem Boarding Care Home	2210 Lyndale Ave. N. 55411	Ind.	Mrs. Lorene Anderson		10-X
David Herman Nursing Home, Inc.	2401 Chicago Ave. S. 55404	Corp.	Mr. Donald Krietzman	147-F	
Hyland Park Nursing Home, Inc.	2304 N. Emerson 55411	Corp.	Mrs. Carole Fortier	42-F 26-S	
Jones-Harrison Home	3700 Cedar Lake Ave. 55416	NPA	Mr. Edward Hein	25-F	26-F 44-S
Kenwood Nursing Home, Inc.	2124 Dupont Ave. S. 55405	Corp.	Mr. Jesse Shapiro	35-S	
LaSalle Nursing Home, Inc.	1920 LaSalle Ave. 55403	Corp.	Mr. Milton Desnick	139-F	
Loring Rest Home, Inc.	2327 Pillsbury Ave. S. 55404	Corp.	Mrs. Yvonne Koelmel	49-S	
Lutheran Deaconess C&NC Unit	2315 14th Ave. So. 55404	NPA	Mr. Ward Edwards	26-F	
Mansion Boarding Care Home	419 Oak Grove St. 55403	Corp.	Miss Nancy Ireland		30-S
Minnesota Soldier's Home	51st & Minnehaha 55417	State		56-F	375-S
Mount Olivet Homes	5517 Lyndale Ave. S. 55419	NPA	Mrs. Ruth Eckerman		97-F
Nicollet Nursing Home, Inc.	4429 Nicollet Ave. 55409	Corp.	Mr. Leo Goldberg	126-F 26-S	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>HENNEPIN - MINNEAPOLIS (Continued)</u>					
Northeast House, Inc. (BCH)	1918 N.E. 19th Ave. 55418	Corp.	Mr. Donald Levin		25-S
Oak Grove Boarding Care Home	131 Oak Grove St. 55403	Ind.	Mrs. Lucille Swanson		23-S
Oak Ridge Nursing Home, Inc.	725 Fremont Ave. N. 55411	Corp.	Mr. H. Stanley Wessin	92-F	
Olson Boarding Care Home #1	245 Oak Grove St. 55403	Ind.	Mrs. Martha Schaffer		13-X
Olson Boarding Care Home #2	2309 First Ave. S. 55404	Ind.	Mrs. Bessie Meisener		14-X
2200 Park Ave. Nursing Home, Inc.	2200 Park Avenue 55404	Corp.	Miss Judy Saf	42-F 42-S	
Pillsbury Ave. Nursing Home	2101 Pillsbury Ave. S. 55404	Corp.	Mr. Alan Segal	33-S	
Pleasant Nursing Home, Inc.	2548 Pleasant Ave. S. 55404	Corp.	Mrs. Lillian Kamuchey	20-F 10-X	
Potts Rest Home (BCH)	2644 Aldrich Ave. S. 55408	Ind.	Mrs. Bernice Potts		20-S
Queen Nursing Home, Inc.	300 Queen Ave. N. 55405	Corp.	Mr. Sherwood Brekke	65-F	
Rest Homes, The, Inc. (BCH)	600-610 W. 32nd St. 55408	Corp.	Mr. Carleton Boyce		24-S 7-X
Restorium Boarding Care Home	2122 Portland Ave. 55410	Ind.	Mrs. Ann Lennon		15-S
Riverview Nursing Home	4659 Lyndale Ave. N. 55412	Part.	Mr. Peter Dragieff	30-F	
St. Joseph's Home for Aged	215 Broadway N.E. 55413	NPA	Sr. Agatha	42-S	78-S
St. Olaf Residence	2912 Fremont Ave. N. 55411	NPA	Mr. Oscar Lund	63-F	122-F
Second Ave. Nursing Home, Inc.	2116 Second Ave. S. 55404	Corp.	Mr. Alan Segal	32-S	
Starlite Boarding Care Home	2430 Pillsbury Ave. S. 55404	Ind.	Mrs. Ida Quenroe		25-S
Stevens Square	101 E. 32nd St. 55408	NPA	Mrs. Lettie Boudreau	15-F	23-F 29-S

NURSING HOMES AND BOARDING CARE HOMES - MINN.

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>HENNEPIN - MINNEAPOLIS (Continued)</u>					
Swedish - St. Barnabas Combined C&NC Unit	900 S. 8th St. 55404	NPA	Mr. Frank Walter & Lester Johnson	108-F	32-F
Teacher's Home	2625 Park Avenue 55407	NPA	Mrs. Gladys Holsten	12-F	
Third Avenue Nursing Home	1817 Third Ave. S. 55404	Part.	Mr. Anthony Bester	35-S	
Union Home for the Aged (BCH)	1507 Lowry Ave. N.E. 55418	NPA	Mrs. Dorothy Moran		43-S 9-X
Villa Maria, Inc.	719 E. 16th St. 55404	Corp.	Mr. Norman Woodward	173-F	
Walker Methodist Residence & Nursing Home	3701 Bryant Ave. S. 55409	NPA	Mrs. Linder Keith	268-F	237-F
Willows Nursing Home, Inc.	6130 Lyndale Ave. S. 55419	Corp.	Mr. Archie Givens	146-F	
<u>HENNEPIN - RURAL & SUBURBAN</u>					
Ambassador Nursing Home, Inc.	8100 Medicine Lake Rd. New Hope 55427	Corp.	Mr. Joseph Gitis	114-F	
Bloomington Maple Manor, Inc.	8916 Lyndale Ave. S. Bloomington 55420	Corp.	Mr. Dennis Mlechnik	63-F	
Bloomington Nursing Home, Inc.	9200 Nicollet Ave. Bloomington 55420	Corp.	Mrs. Ethel Drake	80-F	
Brookview Nursing Home, Inc.	6019 W. 39th St. St. Louis Park 55416	Corp.	Mr. Alexander Eschweiler	16-F	
Colonial Acres Home	5825 St. Croix Ave. Golden Valley 55422	NPA	Rev. Eugene Hagberg	69-F	
Crystal Lake Rest Home	3815 W. Broadway Robbinsdale 55422	Corp.	Mr. Wm. Goldberg	168-F	
Eagle Nursing Home, Inc.	401 W. 95th St. Bloomington 55420	Corp.	Mr. William Eagle	64-F	
Excelsior Nursing Home	515 Division St. Excelsior 55331	Corp.	Mrs. Ramona Thielen	66-F	
Heritage of Edina, Inc.	3456 Heritage Drive Edina 55435	Corp.	Mr. Donald Leaf	123-F	
Hillcrest Nursing Home, Inc.	15409 Wayzata Blvd. Wayzata 55391	Corp.	Mrs. Clare Lower	155-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>HENNEPIN - RURAL & SUBURBAN (Continued)</u>					
Hopkins Nursing Home, Inc.	724 Co. Rd. 18 Hopkins 55343	Corp.	Mr. Bertram Strimling	183-F	
Keyes Boarding Care Home	217 First St. Excelsior 55331	Ind.	Miss Margaret Johnson		15-S
Long Lake Nursing Home, Inc.	Box 156 Long Lake 55356	Corp.	Mr. Edward Tierney	52-F	
Maples Nursing Home	Maple Plain 55359	Corp.	Mr. Clyde Wyman	67-F	
Maranatha Conservative Baptist Home	5401 69th Ave. North Brooklyn Center 55429	NPA	Mr. David Farrington	68-F	2-F
Martin Luther Manor	1401 E. 100th St. Bloomington 55420	NPA	Rev. Herbert Ekerberg	40-F	80-F
Minnesota Masonic Home	11400 Normandale Rd. Bloomington 55431	NPA	Mr. N. W. Hodgson	157-F	249-F
Minnetonka Nursing Home, Inc.	Rt. #3, Box 470 Excelsior 55331	Corp.	Mr. Charles Eicher	21-S	
Mission Farms Nursing Home	3401 Medicine Lake Blvd. Medicine Lake 55427	NPA	Mr. Horace Paul	80-F	66-F 105-S 15-X
New Hope Nursing Home	8610 54th Ave. North New Hope 55428	Corp.	Mr. Charles Thompson	108-F	
Oak Terrace Nursing Home - C&NC Unit (Glen Lake Sanatorium)	Minnetonka 55343	State	Mr. Melvin Drey	325-F	
Osseo Rest Home, Inc.	525 2nd St. S.E. Osseo 55369	Corp.	Mr. Allan Hartkopf	105-F 32-S	
Park Nursing Home, Inc.	4415 W. 36½ St. St. Louis Park 55416	Corp.	Mr. Gunner Cronstrom	93-F	
Richview, Inc.	7727 Portland Ave. S. Richfield 55423	Corp.	Mr. Martin Hellman	175-F	
St. Theresa Home	8000 Bass Lake Rd. New Hope 55428	NPA		200-F	
Texas-Tonka Nursing Home	3201 Virginia Ave. S. St. Louis Park 55426	Corp.	Mr. Cornelius Kist	300-F	
Twin Birch Nursing Home, Inc.	Rt. #4, Box 107 Mound 55364	Corp.	Mrs. Alice Westlund	22-S	
Valley View Rest Home	5730 Olson Mem. Hwy. Golden Valley 55422	Corp.	Mrs. Meta Wernecke	22-S	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>HENNEPIN - RURAL & SUBURBAN (Continued)</u>					
Weldwood Nursing Home, Inc.	5411 Circle Downs Golden Valley 55416	Corp.	Mr. Samuel Hechter	88-F	
<u>HOUSTON</u>					
Blue Star (BCH)	514 S. Sherman St. Houston 55943	Ind.	Mrs. Pearl Holverson		7-X
Caledonia Community Hospital C&NC Unit	Blue Spruce Summit Caledonia 55921	NPA	Mr. Jack Burgess	35-F	
LaCrescent Nursing Center, Inc.	701 Main St. LaCrescent 55947	Corp.	Mr. Luther Rodvik	77-F	
Oak Grove Rest Home (BCH)	726 E. Main St. Caledonia 55921	Part.	Mrs. Verna Grenier		13-X
Pine Grove Rest Home (BCH)	310 Division St. Spring Grove 55974	Ind.	Mr. Arthur Lein		20-S
Tweeten Memorial Hospital - C&NC Unit	Spring Grove 55974	City	Mrs. Betty Benson	31-F	
Valley View Nursing Home of Houston	Hwy. 16 Houston 55943	NPA	Mr. Claude Kremer	50-F	
<u>HUBBARD</u>					
Sunset Home	West 5th Street Park Rapids 56470	Co.	Mr. Virgil Hensel	101-F	
<u>ISANTI</u>					
Anderson Rest Home (BCH)	Isanti 55040	Part.	Mrs. Minnie Anderson		9-X
Bethany Guest Home (BCH)	Braham 55006	Ind.	Miss Alice Anderson		19-S
Cambridge Nursing Home, Inc.	548 W. First Ave. Cambridge 55008	Corp.	Mr. Donald Sundberg	98-F	
Grandview Christian Home	800 2nd Ave. N.W. Cambridge 55008	NPA	Rev. Orville Johnson	40-F	40-F
<u>ITASCA</u>					
Itasca Nursing Home	Hale Lake Rd. Grand Rapids 55744	Co.	Mrs. Kirsten Basham	97-F	
Leisure Hills, Inc.	2801 Pokegama Ave. S. Grand Rapids 55744	Corp.	Mrs. Corinne Jacobson	124-F	
Riverside Boarding Care Home	Bigfork 56628	Corp.	Mrs. Genevieve Farrell		26-S

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>JACKSON</u>					
Colonial Manor	Manor Drive Lakefield 56150	City	Mr. Norman Kravig	54-F	
Good Samaritan Sunset Home	600 West St. Jackson 56143	NPA	Mr. Herman Knutson	98-F	
Jackson Municipal Hospital -- C&NC Unit	Jackson 56143	City	Mr. James Nelson	23-F	
Maryanna Home (BCH)	311 White St. Jackson 56143	Part.	Miss Lemah Meyer		7-X
<u>KANABEC</u>					
Martin Nursing Homes, Inc.	114 Maple Ave. W. Mora 55051	Corp.	Mrs. Amaryllis Scholten	20-F 9-X	
<u>KANDIYOH</u>					
Bethesda Country Home (BCH)	Rt. #1 Willmar 56201	NPA	Mr. Roy Carlson		60-S
Bethesda Nursing Home	1012 E. Third St. Willmar 56201	NPA	Mr. Roy Carlson	110-F	61-F
Christian Rest Home	1901 Willmar Ave. Willmar 56201	NPA	Mr. Peter Vos	86-F	
Glen Oaks Nursing Home, Inc.	207 Main St. No. New London 56273	Corp.	Mr. Leland Juhl	62-F	
Green Lake Rest Haven (BCH)	Spicer 56288	Ind.	Mrs. Mabelle Saboe		10-X
Morningside Manor (BCH)	First Ave. N. E. New London 56273	Part.	Mrs. Beatrice Magnuson		14-X
Willmar Nursing Home	500 Russel St. Willmar 56201	Corp.	Mrs. Norma Ruud	64-F	37-S
<u>KITTSO</u>					
Kittson County Home	410 Cedar Hallock 56728	Co.	Mr. Gary Erickson	40-S	
Kittson War Vets. Mem. Hosp. - C&NC Unit	Cedar & 10th St. So. Hallock 56728	NPA	Mr. Edward McMillan	40-F	
Lake Bronson Rest Home (BCH)	Lake Bronson 56734	Ind.	Mrs. Margaret Vagle		25-S

BOARDING HOMES AND BOARDING CARE HOMES (CONT.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>KOOCHICHING</u>					
Falls Nursing Home	Box 871 International Falls 56649	Co.	Mrs. Gladys Helps	60-F	52-S
Littlefork Municipal Hospital - C&NC Unit	Littlefork 56653	City	Mr. John Snyder	27-S	
North Haven Nursing Home, Inc.	Northome 56661	Corp.	Mrs. Marjorie Franklin	58-F	
<u>LAC QUI PARLE</u>					
Dawson Nursing Home	1249 Locust Dawson 56232	Ind.	Mrs. Hilda Peterson	48-F	
Madison Lutheran Home	900 Third Ave. Madison 56256	NPA	Mr. William Kamholz	60-F	64-S 41-F
<u>LAKE</u>					
Community Health Center (BCH)	426 First Ave. Two Harbors 55616	NPA	Mr. Wm. Dettweiler		40-S
Lakeview Memorial Hospital - C&NC Unit	11th Ave. & 4th St. Two Harbors 55616	NPA	Miss Phyllis Peterson	50-F	
<u>LAKE OF THE WOODS</u>					
Pioneer Nursing Home	Box 699 Baudette 56623	Co.	Mrs. Luella Thompson	52-F	
<u>LE SUEUR</u>					
Central Nursing Home, Inc.	250 E. North St. LeCenter 56057	Corp.	Mr. Arnold Rodvik	64-F	
Kasota Valley Home (BCH)	Kasota 56050	NPA	Mr. Walter Soule		17-S
Minnesota Valley Memorial Hospital C&NC Unit	621 S. 4th St. S. LeSueur 56058	NPA	Mr. Raymond Seaver	45-F	
Siemers Boarding Care Home	211 Spruce Street Montgomery 56069	Ind.	Mr. Merrill Siemers		16-S
<u>LINCOLN</u>					
Divine Providence Hospital - C&NC Unit	Ivanhoe 56142	NPA	Sr. Mary Ubalda Delfing	47-F	
Retirement Home - C&NC Unit (Hendricks Community Hospital)	East Lincoln St. Hendricks 56136	NPA	Miss Hazel Evenson	31-S	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>LINCOLN (Continued)</u>					
Tyler Lutheran Home (BCH) Tyler Nursing Home	Tyler 56178 240 Willow St. Tyler 56178	NPA City	Mrs. Margaret Duus Mr. John Holmes	29-S	15-X
<u>LYON</u>					
Christian Manor Nursing Home	502 Fifth Street E. Tracy 56175	NPA	Mr. Maurice Mechem	67-F	
Tracy Nursing Home	Tracy 56175	NPA	Mrs. Betty Baker	51-F	8-F
Louis Weiner Memorial Hospital - C&NC Unit	Morningside Heights Marshall 56258	City	Mr. Guy Boughton	76-F	
<u>MC LEOD</u>					
Alice Haney Boarding Care Home, Inc.	Lester Prairie 55354	Corp.	Mr. Karl Spellum		72-S
Alice Haney Boarding Care Home, Inc., Annex	Lester Prairie 55354	Corp.	Mr. Karl Spellum		26-S
Burns Manor Municipal Nursing Home	North High Drive Hutchinson 55350	City	Mr. Francis Jensen	65-F	
Glenhaven Rest Home, Inc.	Silver Lake Road Glencoe 55336	City	Mr. Fred Shrimpton	73-F	
St. Mary's Hospital - C&NC Unit	Winsted 55395	NPA	Sr. Mary M. Clifford	44-F	
<u>MAHNOMEN</u>					
Rodwell Nursing Home	Mahnomen 56557	Ind.	Mrs. Claudia Rodwell	24-S	
<u>MARSHALL</u>					
Emmaus Lutheran Home	554 W. Wentzel Ave. Warren 56762	NPA	Mr. Gordon Sommers	33-S	11-S
Good Samaritan Home	410 McKinley St. S. Warren 56762	NPA	Mrs. Leona Neegard	20-S	25-S
<u>MARTIN</u>					
Crestview Nursing Home	233 S. Dewey Fairmont 56031	Part.	Mrs. Ethel Haugen	23-F	
Lekeview Methodist Home	610 Summit Drive Fairmont 56031	NPA	Mr. John Robson	56-F	54-F

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>MARTIN (Continued)</u>					
St. Joseph's Home	Rt. #1 Fairmont 56031	NPA	Mother M. Edward	4-S	22-S
Schmidtke Rest Home (BCH)	Ceylon 56121	Part.	Mrs. Helen Schmidtke		11-X
Trimont Nursing Home	Trimont 56176	City		41-F	
<u>MEEKER</u>					
Adelman Boarding Care Home	Watkins 55389	Part.	Mr. & Mrs. Melvin Adelman		15-F 10-X
Cosmos Community Nursing Home, Inc.	Cosmos 56228	Corp.	Mr. Marvin Rodvik	58-F	
Dassel Lakeside Community Home	Dassel 55325	City	Mr. Ralph Peterson	42-F	
Emmaus Bethany Homes	204 N. Holcombe Litchfield 55355	NPA	Rev. T. C. Peterson	56-F	46-S
Red Castle Home (BCH)	405 N. Armstrong Ave. Litchfield 55355	Ind.	Mrs. Esther Kalkbrenner		22-S
Sunset Rest Home (BCH)	Darwin 55324	Ind.	Mrs. Martha Bartz		5-X
<u>MILLE LACS</u>					
Community Mercy Hospital - C&NC Unit	Onamia 56359	NPA	Sr. Jeannette Martell	40-F	
Elim Home	730 Second St. S.E. Milaca 56353	NPA	Mr. Volnie O'Brien	72-F	
Elim Home	101 S. 7th Ave. Princeton 55371	NPA	Mr. Donald McAlpine	55-F	53-F
Miller Nursing Home	Box 31 Isle 56342	Ind.	Mrs. Ethel Miller	24-F	2-X
Milton's Boarding Care Home	Onamia 56359	Ind.	Mrs. Bertha Milton		7-X
St. Anthony Boarding Care Home	4th & Main St. Isle 56342	Part.	Mrs. Marie Deal		12-X
Woodland Hills Home (BCH)	Box 353 Isle 56342	Ind.	Mrs. Laura Shelton		8-X
<u>MORRISON</u>					
Lutheran Sr. Citizen's Home	1200 First Ave. N.E. Little Falls 56345	NPA	Mr. Hubert Zyvoloski	110-F	
St. Mary's Villa Nursing Home	1st. Ave. So. Pierz 56364	NPA	Rev. Robert Voigt	56-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	dg. Care Beds
<u>MORRISON (Continued)</u>					
St. Otto's Home for Aged - C&NC (St. Gabriel's Hosp. Unit)	8th Ave. & 2nd St. S.E. Little Falls 56345	NPA	Mr. Melvin Euteneuer	150-F	
Sobieck Oak Lawn Rest Home (BCH)	Box 56 Royalton 56373	Ind.	Mrs. Ione Sobieck		4-X
<u>MOWER</u>					
Carpenter Rest Home (BCH)	1217 4th Ave. S.E. Austin 55912	Ind.	Mrs. Anna Carpenter		11-X
Comforcare Nursing Home	205 14th St. N.W. Austin 55912	NPA	Mr. James Larson	45-F	
Fawver Rest Home (BCH)	Brownsdale 55918	Ind.	Mrs. Aneta Fawver		9-X
Jacob Boarding Care Home	1003 4th St. N.W. Austin 55912	Ind.	Mrs. Marie Jacob		10-X
Johnson's Rest Home (BCH)	200 5th St. S.W. Austin 55912	Ind.	Mrs. Mary Johnson		15-X
Meadow Manor Nursing Home	Grand Meadow 55936	City	Mr. Robert Lamp	50-F	
Old Colony Boarding Care Home	300 1st. Ave. N.W. Austin 55912	Ind.	Mrs. Alice McGee		14-X
Raymond's Nursing Home, Inc.	400 10th Ave. N.W. Austin 55912	Corp.	Mr. Raymond Olson	52-F 28-S	
Sacred Heart Hospice	1200 12th St. S.W. Austin 55912	NPA	Sr. M. Shame Curran	40-F	21-F
St. Mark's Lutheran Home	400 15th Ave. S.W. Austin 55912	NPA	Mr. Einer Soberg	71-F	50-F
<u>MURRAY</u>					
Maple Lawn Nursing Home	Fulda 56131	NPA	Mr. Joyce Evenson	62-F	
Slayton Boarding Care Home	2538 26th St. Slayton 56172	Ind.	Miss Gertrude Erickson		20-S
Slayton Manor, Inc.	2957 Redwood Slayton 56172	Corp.	Mr. Sheldon Snelsor	60-F	
<u>NICOLLET</u>					
Community Hospital - C&NC Unit	618 W. Broadway St. Peter 56082	City	Mr. Terrell Pierson	24-F	
Grandview Nursing Home	830 N. Sunrise Drive St. Peter 56082	NPA	Rev. Ernest Swanson	76-F	
Lafayette Good Samaritan Home	Lafayette 56054	NPA	Mrs. Marion Fredrickson	40-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>OLMSTED (Continued)</u>					
Rochester Nursing Home, Inc.	2215 Highway 52 N. Rochester 55901	Corp.	Mr. Herschel Wolk	66-F	
Rochester Sr. Citizen's Manor, Inc. (BCH)	607 E. Center St. Rochester 55901	NPA	Mr. Delano Forsberg		75-F
Samaritan Nursing Home	25 7th St. N.W. Rochester 55901	NPA	Mr. Robert Lee	72-S	41-S
Swygman's Nursing Home	Rt. #1 Stewartville 55976	Part.	Mrs. Burnetta Swygman	15-X (7-8) /•/	
<u>OTTER TAIL</u>					
Broen Memorial Home	420 Alcott Ave. E. Fergus Falls 56537	NPA	Mr. Wayne Larson	90-S	10-S
Elder's Home	New York Mills 56567	NPA	Mr. Andrew Tumberg	70-F	
Gearhart's Nursing Home	Battle Lake 56515	Corp.	Mrs. Evelyn Lyken	48-S	13-S
Good Samaritan Home (BCH)	119 Broadway Pelican Rapids 56572	NPA	Mr. Tellin Moen		32-F 21-S
Henning Nursing Home	Henning 56551	Corp.	Mr. Richard Cloeter	64-F	
Lake Region Hosp. - C&NC Unit	712 So. Cascade Fergus Falls 56537	NPA	Mr. J. P. Larson	52-F	
Otter Tail Co. Nursing Home	Battle Lake 56515	Co.	Mr. Reuben Swenson	62-F	
Pelican Valley Health Center C&NC Unit	211 E. Mill St. Pelican Rapids 56572	NPA	Mr. Robert Suerth	26-F	
Pioneer Memorial Home	1006 Sheridan St. Fergus Falls 56537	NPA	Mrs. Lillian Saure	47-F	34-F
St. James Home - C&NC Unit (Memorial Hospital)	665 3rd St. S.W. Perham 56573	NPA	Sr. Mary Clarentia Kroll	34-S	
St. Williams Rest Home	Parkers Prairie 56361	NPA	Rev. Joseph Vogrim	40-F	21-S
<u>PENNINGTON</u>					
Crestview Home	101 S. State Avenue Thief River Falls 56701	Ind.	Mr. William Sheasby		14-X
Hanson Boarding Care Home	1023 N. Dewey Thief River Falls 56701	Ind.	Mrs. Herman Hanson		15-X
Kees Rest Home (BCH)	621 LaBree Ave. N. Thief River Falls 56701	Part.	Mrs. Lillian Kees		13-X
Northwestern Hospital - C&NC Unit	120 S. LaBree Ave. Thief River Falls 56701	NPA	Mr. Norman Peterson	25-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Mag. Care Beds
<u>NOBLES</u>					
Adrian Rest Home (BCH)	Main Street Adrian 56110	Ind.	Mrs. Lora Konold		14-X
Fauskee Nursing Home, Inc.	965 McMillan St. Worthington 56187	Corp.	Mrs. Ferne Lundy	63-F	
Lage Boarding Care Home	620 Grand Avenue Worthington 56187	Part.	Mrs. Edna Lage		6-X
Lake Haven Nursing Home	1307 S. Shore Drive Worthington 56187	Part.	Mrs. Alfred Atchison	88-F	14-X
Ruth Cashel Home (BCH)	1311 4th Ave. Worthington 56187	Ind.	Mrs. Ruth Cashel		49-S
White Boarding Care Home	711 White Lane Worthington 56187	Ind.	Mrs. Amanda White		6-X
<u>NORMAN</u>					
Ada Municipal Hospital - C&NC Unit	405 & 2nd St. Ada 56510	City	Mrs. Norma Olson	54-F	
Lutheran Memorial Home	Twin Valley 56584	NPA	Mr. Allan Fuglie	29-F	40-F
Natwick Boarding Care Home	Gary 56545	Ind.	Mrs. Eva Natwick		9-X
Twin Valley Boarding	Box 57 Twin Valley 56584	NPA	Mr. Kenneth Bunnell	68-F	
<u>OLMSTED</u>					
Anchor House Boarding Care	703 3rd Ave. S.E. Rochester 55901	Ind.	Mrs. Adie Helfinstine		15-X
Costello Boarding Care Home	311 10th Street N.W. Rochester 55901	Part.	Mr. John Costello		13-S
Extendicare Rochester, Inc.	501 8th Ave. S.E. Rochester 55901	Corp.	Mr. James Shanks	97-F	
Grey Gables Boarding Care Home	604 5th St. S.W. Rochester 55901	Part.	Mr. Herbert Jensen		20-S
Madonna Towers, Inc.	4001 19th Ave. N.W. Rochester 55901	NPA	Rev. Alwin Henger	22-F	
Maple Manor of Rochester, Inc.	1875 19th St. N.W. Rochester 55901	Corp.	Mr. David Blum	63-F	
Matteson Boarding Care Home, Inc.	Eyota 55934	Corp.	Mrs. Dorothy Matteson		19-S 6-X

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>PENNINGTON (Continued)</u>					
Oakland Park Nursing Home	Box 369 Thief River Falls 56701	Co.	Mr. James Roche	70-F	0-X 12-2
Valley Home (BCH)	Highway 32, S. Arnold Thief River Falls 56701	NPA	Mr. Otto Baker		67-F
<u>PINE</u>					
Holznagel Boarding Care Home	Rt. #3 Hinckley 55037	Ind.	Mr. Waldemar Holznagel		32-F
Lakeside Nursing Home	Pine City 55063	Corp.	Mrs. LaVerne Hoedt	39-F 29-S 46-F	
Pine County Memorial Nursing Home	Sandstone 55072	Co.	Mr. Walter Petry		
<u>PIPESTONE</u>					
Edgebrook Rest Center, Inc.	Edgerton 56128	NPA	Mr. Elmer Mullenburg	61-F	
Good Samaritan Home	N. Hiawatha Ave. Pipestone 56164	NPA	Mrs. Henrietta Mueller	33-F	
Pipestone County Hospital - C&NC Unit	911 5th Ave. S.W. Pipestone 56164	Co.	Mr. Gerald Olson	43-F	
Richardson Rest Home (BCH)	616 5th St. S.E. Pipestone 56164	Part.	Mrs. Sara Richardson		9-X
<u>POLK</u>					
Bethesda Nursing Home	423 Woodland Ave. Crookston 56716	NPA	Mrs. Alla Aker	50-F 30-F	
DeFrang Rest Home (BCH)	Riverside Avenue McIntosh 56556	Ind.	Mrs. Shirley DeFrang		6-X
Fair Meadow Nursing Home	Fertile 56540	City	Mr. Russell Knutson	50-F	
Fosston Municipal Nursing Home	Fosston 56542	City	Mr. Ernest Johnson	34-S	
Good Samaritan Nursing Center	210 20th Ave. No. East Grand Forks 56721	NPA	Mr. David Olufson	111-F	
Haaven Boarding Care Home	Box 295 McIntosh 56556	Ind.	Mrs. Gertie Haaven		13-S
Johnson Nursing Home	Vance Ave. North Erskine 56535	Ind.	Mrs. Palma Johnson	8-X	
Johnson Rest Home (BCH)	516 2nd St. N.E. Fosston 56542	Part.	Mrs. Palma Johnson		19-S

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>POLK (Continued)</u>					
Johnson's Rest Home (BCH)	McIntosh 56556	Part.	Mr. & Mrs. Alfred Johnson		7-X
McIntosh Nursing Home, Inc.	State & Third St. McIntosh 56556	Corp.	Mr. Lester Brekke	56-F 17-S	
Perpetual Help Boarding Care Home	725 6th St. N.E. Fosston 56542	NPA	Mrs. Julia Larson		7-X
Pioneer Memorial Home	Erskine 56535	NPA	Mr. Arthur Siberg	63-S 6-F	
St. Francis Hospital - C&NC Unit	Walsh Street Crookston. 56716	NPA	Mr. Arthur Speltz	20-F	
St. Vincent Rest Home	223 E. 7th St. Crookston 56716	NPA	Sr. M. Beata Barnes	73-S	
<u>POPE</u>					
Glenwood Retirement Home	719 S.E. 2nd St. Glenwood 56334	NPA	Mr. Olef Hove	42-F	35-F
Amalia Hutchins Home (BCH)	Villard 56385	Part.	Mrs. Vera Hutchins		9-X
Lakeview Nursing Home	Franklin at Birch Glenwood 56334	NPA	Mr. Rollin Severson	66-F	
Minnewaska Lutheran Home	Starbuck 56381	NPA	Miss Ragnhild Svendsen	52-F	
<u>RAMSEY - ST. PAUL</u>					
Bethesda Lutheran Hospital - C&NC Unit	559 Capitol Blvd. 55101	NPA	Mr. Kenneth Holmquist	138-F	
Capitol View Nursing Home	445 Galtier St. 55103	Corp.	Mr. Harry Peterson	145-F 37-F	25-F
Church Home of Minnesota	1879 Feronia Ave. 55104	NPA			51-X
Commonwealth Nursing Home, Inc.	2237 Commonwealth 55108	Corp.	Mr. Jerome Nemer	40-F 69-S	
Duke Rest Home (BCH)	398 Duke St. 55102	Part.	Mr. Roy Stenlund		21-S
Ekelund Residence (BCH)	89 Virginia St. 55102	Ind.	Mr. Wayne Ekelund		25-S
Fairday Nursing Home, Inc.	325 Dayton Ave. 55102	Corp.	Mr. Frank Langer	14-F 33-S	
Greenbrier Home (BCH)	941 Birmingham 55106	Corp.	Mr. Donald Van Slyke		175-F
Hall Rest Home (BCH)	568 Holly Ave. 55102	Ind.	Mrs. Leora Hall		14-X
Harmony Nursing Homes, Inc.	135 E. Geranium 55117	Corp.	Rev. W. D. Shunk	91-F 87-F	
Highcroft Manor Nursing Home, Inc.	391 Pleasant Ave. 55102	Corp.	Mr. Stanley Kramer		

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
RAMSEY - ST. PAUL (Continued)					
Highland Chateau, Inc.	2319 W. 7th St. 55116	Corp.	Mr. Jerry Sansby	96-F	
Holikka House (BCH)	238 Pleasant Ave. 55102	Ind.	Mr. Philip Hillman		117-F
Jewish Home for Aged of the Northwest	1554 Midway Parkway 55108	NPA	Mr. Harold Sable	70-F	107-F
Lexington Nursing Home	375 N. Lexington Pkwy. 55104	Corp.	Mr. Louis Thayer	126-F	
Little Sisters of the Poor Lutheran Home (BCH)	90 Wilkin St. 55102 121 Virginia St. 55101	NPA NPA	Sr. Marie Jean Mrs. Adela Breuer	51-S	68-S 10-X
Lynnbloomsten Retirement Center	1298 N. Pacal St. 55108	NPA	Rev. Gerhardt Reiff	144-F	60-S
Lynnhurst Nursing Home, Inc.	471 W. Lynnhurst Ave. 55104	Corp.	Mr. Ernest Williams	84-F	
Milton Nursing Home	740 Dayton Avenue 55104*	Ind.	Mr. Milton Davis	32-S	
Mounds Park Rest Home (BCH)	908 Mound St. 55106	Part.	Mrs. Mary Kurrasch		37-S
Nor-Haven Home, Inc. (BCH)	1394 Jackson St. 55117	Corp.	Mr. Gerald Van Slyke		114-F
Our Lady of Good Counsel	2076 St. Anthony Ave. 55104	NPA	Sr. M. Annunciata	49-F	
Parkway Manor	324 Johnson Parkway 55106	Corp.	Mr. James Bowden	276-F	
Pineview Residence (BCH)	69 N. Milton 55104	Ind.	Mr. W. V. Christensen		22-S
Portland Boarding Care Home	585 Portland Ave. 55102	Ind.	Mrs. Verna DuFour		18-S
Protestant Home of St. Paul (BCH)	753 E. 7th St. 55106	NPA	Mrs. Helen Anderson		56-F
Quinlan Boarding Care Home, Inc.	233 W. 5th St. 55102	Corp.	Mrs. Charlotte Peterson		26-S
Reesey Heights Boarding Care Home	905 E. 7th St. 55106	Corp.	Mr. Richard Waldon		113-S
St. John's Hospital - C&NC Unit	403 Maria Ave. 55106	NPA	Mr. Carl Ave'Lallemant	102-F	
St. Luke's - C&NC Unit	300 Pleasant Ave. 55102	NPA	Mr. Roger Starn	48-F	
St. Mary's Home (BCH)	1925 Norfolk Ave. 55116	NPA	Sr. M. Laura		87-F
St. Paul's Church Home	484 Ashland Ave. 55102	NPA	Mr. Roy Sengstock	67-F 45-S	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	adg. Care Beds
<u>RAMSEY - ST. PAUL (Continued)</u>					
Shalom Residence	1620 Randolph Ave. 55105	NPA	Mr. Jay Blakely	39-F	1-F
Summit Manor Nursing Home	80 Western Ave. No. 55102	Corp.	Mr. Jerry Huset	120-F	
Twin City Linnea Home (BCH)	2040 W. Como Ave. 55108	NPA	Mrs. Ethel Holm		73-S
Wilder Residence	512 Humboldt 55107	NPA	Harvey O. Beek, M.D.	197-F	133-F
Willows Nursing Home of St. Paul, Inc.	420 Marshall Ave. 55102	Corp.	Mr. Archie Givens, Jr.	149-F	
<u>RAMSEY - RURAL & SUBURBAN</u>					
Golden Age Nursing Home	1415 Co. Rd. B Roseville 55113	Corp.	Mr. Phillip Newberg	116-F	26-F
Heritage of Innsbruck, Inc.	2800 Heritage Drive New Brighton 55112	Corp.	Mrs. Dolores Field	130-F	
Lake Ridge Nursing Home	2727 N. Victoria Roseville 55113	Corp.	Mr. George Posavad	110-F	
Leirfallom Nursing Home	2375 E. Skillman N. St. Paul 55109	Ind.		43-F	
Maple Manor of Maplewood, Inc.	550 E. Roselawn Ave. Maplewood 55117	Corp.	Mr. James Anderson	159-F	
New Brighton Nursing Home	550 8th St. N.W. New Brighton 55112	Part.	Mrs. Blanche Chies	64-F	
Presbyterian Home	3220 Lake Johanna Blvd. Arden Hills 55112	NPA	Rev. Harry Dodgson	20-F	84-F
Ramsey County Home	2000 White Bear Ave. 55109	Co-Cy	Mr. Arnold Walther	129-S	115-S
Rose of Sharon Manor, Inc.	1000 Lovell Ave. Roseville 55113	Corp.	Mr. Emmanuel Lundblad	85-F	
St. Anthony Nursing Home	3405 37th Ave. N.E. St. Anthony Village 55421	Part.	Mrs. Marion Posthumus	151-F	
Trevilla of New Brighton Nursing Home	825 1st. Ave. N.W. New Brighton 55112	Corp.	Mr. Paul Auguston	192-F	
White Bear Lake Nursing Home, Inc.	1510 Webber St. White Bear Lake 55110	Corp.	Mr. James Swanson	71-F	
Whitehouse Nursing Home, Inc.	563 W. Co. Rd. B Roseville 55113	Corp.	Mr. Donald Johnson	50-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
RED LAKE					
Hillcrest Nursing Home	Red Lake Falls 56750	Co.	Mrs. Mary Drees	75-F	
REDWOOD					
Gil Mor Manor	Morgan 56226	NPA	Mrs. Onelda Burns, R.N.	47-F	
Parkview Home	Belview 56241	City	Mrs. Madonna Heaven, R.N.	40-F	
Redwood County Nursing Home	Route #2 Redwood Falls 56283	Co.	Mr. J. Wesley Zimmerli	48-S	
Revere Home	202 So. Main Revere 56166	Part.	Mr. Ralph Olson	26-F	
Robert Milton Home, Inc. (BCH)	1011 E. Elm St. Redwood Falls 56283	Corp.	Mr. B. Olson		139-F
Sunwood Nursing Home	200 S. DeKalb Redwood Falls 56283	NPA	Mr. Gerald Doughty	52-F	
Wabasso Nursing Home	Wabasso 56293	City	Mr. Charles Lund	50-F	
RENVILLE					
Buffalo Lake Nursing Home	Buffalo Lake 55314	Corp.	Mr. David Grabow	58-F	
Danube Rest Home (BCH)	Danube 56320	Ind.	Mrs. Grace Kraft		6-X
Fairfax Nursing Home, Inc.	Fairfax 55332	Corp.	Mrs. Marjorie Paschke	65-F	
Franklin Heights Nursing Home	Franklin 55333	Corp.	Mrs. Janice Rodvik	58-F	
Lenz Rest Home (BCH)	1001 Chestnut St. Olivia 56277	Ind.	Mrs. Edward Lenz		4-X
Meyer Boarding Care Home	Sacred Heart 56285	Part.	Mrs. Ruth Meyer		5-X
Olivia Nursing Home	1003 Maple St. W. Olivia 56277	Part.	Mr. Curtis Wood	51-F	
Renfair Boarding Care Home	11 N.E. First Ave. Fairfax 55332	Part.	Mr. Albert Koch		14-X
Ren-Villa Nursing Home	205 S.E. Elm St. Renville 56284	City	Mrs. Audrey Smith	38-F	
Simeon Rest Home (BCH)	1008 Lincoln Ave. Olivia 56277	Ind.			11-S
RICE					
Buckey Manor (BCH)	124 First Avenue S.W. Faribault 55021	Part.	Miss Mary Lambert		18-S
Faribault Manor Nursing Home	1738 Hulett Ave. N.W. Faribault 55021	NPA	Rev. Lester Mann	94-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>RICE (Continued)</u>					
Minnesota Odd Fellows Home	815 Forest Ave. Northfield 55057	NPA	Mr. Stanley Weber	75-F	65-F
Northfield City Hospital - C&NC Unit	800 W. Second Northfield 55057	City	Mr. Robert Polk	40-F	
Pleasant Manor, Inc.	27 Brand Avenue Faribault 55021	Corp.	Mr. David Meillier	63-F	
St. Lucas Geriatric Care Center	503 East Division Faribault 55021	NPA	Mr. Donnelly Martinson	84-F	
Squier Boarding Care Home	2204 N.W. 2nd Ave. Faribault 55021	Ind.	Mrs. Evelyn Squier		7-X
Woods Nursing Home #1	214 Park Ave. N.W. Faribault 55021	Ind.	Miss Therle Woods	22-S	
Woods Nursing Home #2	216 7th St. N.W. Faribault 55021	Ind.	Mrs. Margaret Shaske	19-S	
<u>ROCK</u>					
Mary Jane Brown Good Samaritan Center	110 S. Walnut Ave. Luverne 56156	NPA	Mrs. Alfrieda Holverson, R.N.	66-F	4-F
Tuff Memorial Home	Hills 56138	NPA	Mr. John Nelson	52-F	
<u>ROSEAU</u>					
Eventide Home (BCH) (Roseau Area Hospital)	307 3rd Ave. N.W. Roseau 56751	Dist.	Mr. Harold Kloempken		28-F
Greenbush Community Hospital - C&NC Unit	Greenbush 56726	NPA	Mr. Maurice Bertilrud	20-F	
Sheltering Oaks Nursing Home - C&NC Unit (Roseau Area Hospital)	715 3rd Ave. S.E. Roseau 56751	Dist.	Mr. Harold Kloempken	44-S	
Warroad Municipal Hospital - C&NC Unit	Lake Street Warroad 56763	City	Mr. Harold Kloempken	15-F	8-F
<u>ST. LOUIS</u>					
Aftonro Home (BCH)	1425 N. 19th Ave. E. Duluth 55811	NPA	Mrs. Alice Flotten		36-F 28-S
Arrowhead Nursing Home, Inc.	601 Grant Avenue Eveleth 55734	Corp.	Miss Angeline Strlekar	64-F	
Arrowhead Nursing Home	1201 8½ St. South Virginia 55792	Corp.	Mr. Philip Schumacher	110-F	
Buchanan Nursing Home	30 N.W. First St. Chisholm 55719	Ind.	Mr. Glen Hull	14-F 28-S	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Car Beds
ST. LOUIS (Continued)					
Cook Community Hospital - C&NC Unit	Cook 55723	City	Mr. John Snyder, Jr.	24-F	
Ely - Bloomenson Hospital - C&NC Unit	328 W. Conan St. Ely 55731	NPA	Mr. Gene Hanson	40-F	
Eveleth - Fitzgerald - C&NC Unit	McKinley Ave. Eveleth 55734	NPA	Mr. A. J. Briggs	16-F	
Golden Crest Rest Home, Inc.	2413 First Ave. Hibbing 55746	Corp.	Mr. Robert McCarthy	84-S	
Hibbing General Hospital - C&NC Unit	2015 Fourth Ave. E. Hibbing 55746	NPA	Sr. M. Vivian Arts	29-F	
Hibbing Park Nursing Home	Bennet Park Hibbing 55746	Corp.	Mr. D. W. Jacobson	99-F	
Johnson Nursing Home, Inc.	120 Third Ave. No. Biwabik 55708	Corp.	Mr. Harold Johnson	28-S	
Lake Haven Rest Home, Inc.	5601 Grand Ave. Duluth 55807	Corp.	Mr. A. J. Newby	79-F	
Lakeshore Lutheran Home for the Aged	4002 London Road Duluth 55804	NPA	Mr. Alden Adams	49-F	50-S
Mesabi Home	Jones St. Buhl 55713	NPA	Mrs. Betty Holmes	33-S	
Nopeming Sanitorium	Nopeming 55770	Co.	Mr. Thomas Kuzas	139-F	
Chateau Nursing Home - C&NC Unit				42-F	
Trudeau Nursing Home Unit				98-F	
St. Louis Co. Welfare Medical Care Facilities	2501 Rice Lake Rd. Duluth 55811	Co.	Mr. Warren Jensen	101-S	
Chris Jensen Nursing Unit				40-S	
Cook Nursing Home Unit				42-F	
Morrow (Arlington) Nursing Unit					
Surf & Sand Nursing Home	3910 Minnesota Ave. Duluth 55802	Part.	Mr. Harold Paschke		
Viewcrest Nursing Home, Inc.	3111 Church St. Duluth 55811	Corp.	Mr. Donald Buchanan	142-F	
Virginia Municipal Hospital - C&NC Unit	901 N. Ninth St. Virginia 55792	City	Mr. John Alexon	122-F	
White Community Hospital - C&NC Unit	Aurora 55705	NPA	Mr. Francis Brownell	23-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>SCOTT</u>					
Lutheran Home for Aged	611 W. Main St. Belle Plaine 56011	NPA	Rev. Robert Schlicht	58-F	
Queen of Peace Hospital - C&NC Unit	301 Second St. N.E. New Prague 56071	NPA	Sr. M. Jameen Mape	20-F	
St. Francis Home (BCH)	325 W. Fifth Ave. Shakopee 55379	NPA	Sr. M. Celsa Schmidt		34-S
St. Paul's Lutheran Home for Senior Citizens (BCH)	Prior Lake 55372	NPA	Miss Louise Corcoran		9-X
Shakopee Friendship Manor	1340 Third Ave. W. Shakopee 55379	NPA	Mr. Gordon Riffe	76-F	
Valleyview Nursing Home	Jordan 55352	NPA	Mr. Robert Hargest	102-S	
<u>SHERBURNE</u>					
Elk River Nursing Home	Elk River 55330	NPA	Mrs. Carol Mills	60-F	
High Point Lodge Nursing Home	Clear Lake 55319	Corp.	Mr. Elmer Beckman	28-S	
St. Cloud Nursing Home, Inc.	1717 Michigan Ave. S.E. St. Cloud 56301	Corp.	Mr. Floyd Hull	108-F	
St. Joseph's Home	1824 S.E. Minn. Blvd. St. Cloud 56301	NPA	Sr. Cathel Sefko	26-F	78-S
<u>SIBLEY</u>					
Arlington Boarding Care Home	108 E. Main St. Arlington 55307	Ind.	Mrs. Dorothy Schlottman		15-S
Arlington Nursing Home	Arlington 55307	Part.	Mr. Harold Dubbels	64-F	
Good Samaritan Home	Gaylord 55334	NPA	Mrs. Marjorie Kimbley	28-S	
Winthrop Community Home	Winthrop 55396	NPA	Mr. Gerald Doughty	48-F	
<u>STEARNS</u>					
Ambassador Boarding Care Home	46 9th Ave. No. Waite Park	Ind.	Mrs. Donna Hendricks		8-X
Assumption Nursing Home	Cold Springs 56320	NPA	Sr. Davora Thielen	68-F	
Avon Boarding Care Home	Avon 56310	Part.	Mrs. Henrietta Bach		7-X
Belgrade Nursing Home	Belgrade 56312	City	Mr. Randolph Struxness	62-F	
Bethke Boarding Care Home (BCH)	420 10th Ave. N. St. Cloud 56301	Ind.	Mrs. Elizabeth Bethke		5-X
Dan's Boarding Care Home	1101 3rd St. N. St. Cloud 56301	Part.	Mrs. Doreen Murphy		11-X
Golden Agers Home (BCH)	703 3rd Ave. S. St. Cloud 56301	Ind.	Mrs. Donna Hendricks		7-X

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>STEARNS (Continued)</u>					
Good Samaritan Home (BCH)	311 Washburn Paynesville 56362	NPA	Mrs. Pauline Hendrickson		27-S
Koronis Manor - C&NC Unit (Paynesville Community Hospital)	200 1st. St. W. Paynesville 56362	City	Mr. Arie Brunik	37-F	
Madden Nursing Home	Kimball 55353	Part.	Dolores Madden	52-F	
May's Boarding Care Home (BCH)	1312 First St. No. St. Cloud 56301	Part.	Mrs. Doreen May		6-X
Mother of Mercy Nursing Home	Albany 56307	NPA	Sr. M. Michael Kilmer	61-F	
Murphy Boarding Care Home	1324 1st. St. N. St. Cloud 56301	Part.	Mrs. Luella Murphy		11-X
Pine Villa - C&NC Unit (Melrose Hospital)	11 North 5th Ave. W. Melrose 56352	City	Miss Julia Westendorf	46-F	
Redding Boarding Care Home	528 5th Ave. So. St. Cloud 56301	Ind.	Mrs. Della Redding		13-X
St. Michaels Hospital - C&NC Unit	425 No. Elm St. Sauk Centre 56378	NPA	Sr. M. Bernadine Schneider	10-F	
St. Raphael's Home	511 9th Ave. No. St. Cloud 56301	NPA	Sr. Mary Monica Zierden	24-S	69-S
Sarepta Home for the Aged	Getty Street Sauk Centre 56378	NPA	Mr. Wayne Larson	36-F	19-S
Valley Rest Home (BCH)	Eden Valley 55329	Part.	Mr. Thomas Ruhland		10-F 11-X
Waite Park Nursing Home, Inc.	130 5th St. Oakdale Addition Waite Park 56301	Corp.	Mr. Lonnie Worth	74-F	
<u>STEELE</u>					
Cedarview Rest Home	1409 So. Cedar St. Owatonna 55060	Co.	Mrs. Marie Meyer	44-F	
Frerichs Home (BCH)	Rt. #1 Owatonna 55060	Part.	Mrs. Annette Frerichs		13-X
Klinkhammer Boarding Care Home	505 E. University Owatonna 55060	Ind.	Mrs. Leona Klinkhammer		7-X
Oak Hill Rest Home (BCH)	343 E. Pearl St. Owatonna 55060	Ind.	Mrs. Beverly Coyour		28-S
Owatonna Nursing Home, Inc.	201 Mitchell St. Owatonna 55060	Corp.	Mr. Leo Coyour	110-F	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	adg. Care Beds
<u>STEELE (Continued)</u>					
Rohloff Boarding Care Home	800 Mineral Springs Rd. Part. Owatonna 55060		Mrs. Ethel Rohloff		7-F
<u>STEVENS</u>					
Braaten Boarding Care Home	Hancock 56244	Part.	Mrs. Catherine Braaten		23-S
Shady Lawn Boarding Care Home	Hancock 56244	Part.	Mrs. Lucy Andert		21-S
Ville of St. Francis Nursing Home	West Tenth St. Morris 52267	NPA	Sr. Praxedas Marie Boehmer	70-F	
<u>SWIFT</u>					
Appleton Municipal Hospital - C&NC Unit	Schlieman & Behl Sts. Appleton 56208	Vil.	Mr. Hugh Lilevjen	25-F	
Doegel Nursing Home	44 N. Haven Appleton 56208	Part.	Mrs. Chrystabel Doegel	21-S 8-F	
Erickson Home, The	Benson 56215	Part.	Mr. & Mrs. Robert Juni	31-S	
Lindberg Rest Home (BCH)	Kerkhoven 56252	Ind.	Mrs. Florence Lindberg		26-F 4-X
Williamson Home (BCH)	136 S. Miles St. Appleton 56208	Ind.	Mrs. Nellie Williamson		13-X
<u>TODD</u>					
Bertha Boarding Care Home	Bertha 56437	City	Miss Elsie Sjoberg		17-S
Long Prairie Municipal Boarding Care Home	310 2nd Ave. So. Long Prairie 56347	City	Mr. Everett Lestine		32-S
Long Prairie Memorial Hospital - C&NC Unit	20 9th St. S.E. Long Prairie 56347	City	Mr. Anthony Bianco	53-F	
Mary Rondorf Home	310 4th St. N. Staples 56479	NPA	Sr. Mary Bernard Heying	60-F	24-S
Memorial Community Hospital - C&NC Unit	Bertha 56437	City	Mrs. Carol Peterson	8-F	
<u>TRAVERSE</u>					
Traverse County Home	Wheaton 56296	Co.	Miss Marceline Leno	60-F	
<u>WABASHA</u>					
Buena Vista Rest Home	Wabasha 55981	Co.	Mrs. Barbara Chandler	55-S	
Elgin Nursing Home	Box 196 Elgin 55932	Ind.	Mrs. Anita Cravath	10-X (3-7) /•/	

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>WABASHA (Continued)</u>					
Hillcrest Nursing & Retirement Home	Plainview 55964	City	Mrs. Daisy Donkers	71-F	
Hilltop House (BCH)	723 W. 5th St. Wabasha 55981	Ind.	Mrs. Louise Brandenburg		12-X
Pepin View Nursing Home	815 N. High St. Lake City 55041	Ind.	Mr. Harvey Cunningham	19-F	17-S
St. Elizabeth's Hospital - C&NC Unit & Boarding Care Home Unit	1200 Fifth Grant Blvd. Wabasha 55981	NPA	Sr. Agnes Marie	45-F	12-F
<u>WADENA</u>					
B & J Town House (BCH)	Rt. #3 Verndale 56481	Part.	Mrs. Ruby Jacobson		8-X
Green Pine Acres Nursing Home	Menahga 56464	City	Mr. Richard Anderson	44-F	
Shady Lane Nursing Home	Wadena 56482	Co.	Mr. Leonard Gibson	80-F 16-S	
<u>WASECA</u>					
Janesville Nursing Home	102 E. North St. Janesville 56048	City	Miss Carol Slack, R.N.	42-F	
Lakeshore Inn Nursing Home, Inc.	108 8th St. Waseca 56093	Corp.	Mr. R. P. Madel, Jr.	97-F	
Nelson Boarding Care Home	421 4th Ave. N.E. Waseca 56093	Ind.	Miss Lucille Nelson		10-X
<u>WASHINGTON</u>					
Birchwood Nursing Home	604 N.E. First St. Forest Lake 55025	Part.	Mr. Douglas Tennis	60-F	
Croixdale Residence	334 N. 7th Ave. Bayport 55003	NPA	Mr. H. Robert Smith	25-F	25-F
Greely - Elm Nursing Home	313 So. Greeley St. Stillwater 55082	Corp.	Mr. E. O. Iverson	83-F	
Maple Manor of Stillwater	1119 No. Owens St. Stillwater 55082	Corp.	Mr. James Kaiser	132-F	
Pine Point Nursing Home	Route #2 Stillwater 55082	Co.	Mr. Walter Schmidt	76-F	
Stillwater Rest Home	220 S. Olive Stillwater 55082	Ind.	Mrs. Leona Hall		31-S

NURSING HOMES AND BOARDING CARE HOMES (Cont.)

	Address	Owner	Administrator	Nursing Beds	Bdg. Care Beds
<u>WATONWAN</u>					
Luther Memorial Home	221 6th St. Madelia 56062	NPA	Mr. John Osnes	62-F	
Pleasant View Good Samaritan Home	1000 S. Second St. St. James 56081	NPA	Mr. Mel Reynolds	76-F	
<u>WILKIN</u>					
St. Francis Home for Aged	415 Oregon Avenue Breckenridge 56520	NPA	Sr. M. Laurice	96-S	36-S
<u>WINONA</u>					
Community Memorial Hospital - C&NC Unit	855 Mankato Ave. Winona 55987	NPA	Mr. Earl Hagberg	100-F	
Etta - Del' Boarding Care Home	Lewiston 55952	Part.	Mrs. Irene Sackreiter		22-S
Heaser Rest Home (BCH)	754 Richland Ave. St. Charles 55972	Part.	Mr. & Mrs. George Heaser		6-X
St. Anne's Hospice	1347 W. Broadway Winona 55987	NPA	Sr. M. Amadeus Klein	69-F	42-F
St. Charles Boarding Care Home	1106 Richland Ave. St. Charles 55972	Ind.	Mrs. Esther St. Martin		11-X
Sauer Memorial Home	1635 Service Drive Winona 55987	NPA	Mr. William English	114-F	
Starzecki Boarding Care Home	123 E. 8th Street Winona 55987	Ind.	Mrs. Margaret Albrecht		11-X
Treder Rest Home (BCH)	1212 W. Broadway Winona 55987	Ind.	Miss Leonora Treder		5-X
Paul Watkins Memorial Methodist Home	175 E. Wabasha St. Winona 55987	NPA	Rev. Eugene Meyers	62-F	41-F 12-S
Whitewater Manor Nursing Home	525 Bluff Avenue St. Charles 55972	Corp.	Mr. Charles Henry	49-F	
<u>WRIGHT</u>					
Cokato Constant Care Nursing Home, Inc.	West Highway 12 Cokato 55321	Corp.	Mr. Carlton Breitholtz	66-F	
Delano Manor, Inc.	Delano 55328	Corp.	Mr. Virgil Amundson	64-F	
Ebenezer Home for Aged	310 Lake Blvd. Buffalo 55313	NPA	Mr. Paul Peterson	23-F	30-S
Larrie Nursing Home, Inc.	Monticello 55376	Corp.	Mr. Melvern Worth	56-S	

NURSING HOMES AND BOARDING CARE HOMES (Cont)

	Address	Owner	Administrator	Nursing Beds	Bdg. Ca Beds
<u>WRIGHT (Continued)</u>					
Madden Boarding Care Home	Oak Street South Haven 55382	Part.	Mr. Joseph Madden		46-S
Retirement Center of Wright Co.	200 Park Lane Buffalo 55313	NPA	Dr. Teresa Powelson	100-F	12-F
Rockford Boarding Care Home	Box 186 Rockford 55373	Part.	Mrs. Avella Greehling		8-X
Warner Boarding Care Home	450 E. 3rd St. Cokato 55321	Ind.	Mr. Lee Warner		27-S
<u>YELLOW MEDICINE</u>					
Canby Community Hospital - C&NC Unit	Canby 56220	Dist.	Mrs. Lucille Eberle	52-F	
Clarkfield Nursing Home	805 5th Ave. Clarkfield 56223	NPA	Mr. Leslie Williamson	44-F	
Granite Manor - C&NC Unit (Granite Falls Municipal Hospital)	345 10th Ave. Granite Falls 56241	City	Mr. Rueben Tangen	58-F	
Richter's Boarding Care Home	St. Olaf Ave. No. Canby 56220	Part.	Mr. & Mrs. William Richter		10-X

APPENDIX A

MINNESOTA CHILD-CARING INSTITUTIONS FOR EMOTIONALLY DISTURBED CHILDREN

<u>NAME</u>	<u>ADDRESS</u>	<u>OWNER</u>	<u>ADMINISTRATOR</u>	<u>LICENSED CAPACITY</u>
Archdeacon Gilfillan Center	P.O. Box 744 West 15th Street Berndt, Minn. 55601	N.P.A.	Mr. Lyle G. Lauber, ACSW	30
Bar-None Boys' Ranch	Route #2 Anoka, Minn. 55303	N.P.A.	Mr. Harlan Dalluge, ACSW	54
Bethany Lutheran Home for Children	40 Ave. West and 9th St. Duluth, Minn. 55807	N.P.A.	Mr. Alden G. Adams	36
Brewer House	855 West 7th Street St. Paul, Minn. 55102	N.P.A.	Mr. Howard D. Rod, ACSW	15
Carmel Heights	1600 8th Ave. East Duluth, Minn. 55805	N.P.A.	Rev. Robert A. Senta	20
Home of the Good Shepherd	235 East 7th Street St. Paul, Minn. 55101	N.P.A.	Mr. Harold Mordh	80
Minneapolis League of Catholic Women Group Home for Girls	2418 Pillsbury Ave. A. Minneapolis, Minn. 55404	N.P.A.	Mr. Mylan Brenk	8
Minnesota Sheriffs Boys' Ranch	Route #3, Box 5 Austin, Minn. 55912	N.P.A.	Mr. Charles A. Carver	10
Morgan Park Group Home	9349 Idaho Duluth, Minn. 55808	N.P.A.	Mr. Alden G. Adams	8
Northwood Children's Resi- dential Treatment Center	714 College Street Duluth, Minn. 55811	N.P.A.	Mr. Stanley B. Breen	32

(cont'd)

MINNESOTA CHILD-CARING INSTITUTIONS FOR EMOTIONALLY DISTURBED CHILDREN

<u>NAME</u>	<u>ADDRESS</u>	<u>OWNER</u>	<u>ADMINISTRATOR</u>	<u>LICENSED CAPACITY</u>
St. Cloud Children's Home	1726 Seventh Ave. S. St. Cloud, Minn. 56301	N.P.A.	Rev. Lloyd Haupt	60
St. James Children's Home	5 East Chisholm St. Duluth, Minn. 55803	N.P.A.	Rev. Fred M. Fox	36
St. Joseph's Home for Children	12th Ave. and E. 47 St. Minneapolis, Minn. 55406	N.P.A.	Sister Barnarda, OSB	50
Volunteers of America Children's Residences	P.O. Box 4065 St. Paul, Minn. 55116	N.P.A.	Lt. Major Robert E. Nolte, Jr.	16

MINNESOTA CHILD-CARING INSTITUTIONS FOR THE MENTALLY RETARDED

<u>NAME</u>	<u>ADDRESS</u>	<u>OWNER</u>	<u>ADMINISTRATOR</u>	<u>LICENSED CAPACITY</u>
The Angels	13403 West McOinty Road Minnetonka, Minn. 55343	Ind.	Mrs. Ethel Mahan	50
Cedar Child Care Center	Austin, Minn. 55912	N.P.A.	Mrs. William Farness	30
Champion Children's Home	Route 6, Box 7 Lester River Road Duluth, Minn. 55804	Ind.	Mrs. Betty L. Atol	39
Dorothe Lane Children's Home	205 Sixth Street Sauk Centre, Minn. 56378	Ind.	Mrs. Dorothe Lane	11
Hammer School	1909 East Wayzata Blvd. Wayzata, Minn. 55391	N.P.A.	Miss Evelyn Carlson	51
Julie Billiard Home	100 Linden Street Jackson Minn. 56143	Ind.	Mrs. Walter Halloran	30
Lake Park-Wild Rice Children's Home	South Maybelle Street Fergus Falls, Minn. 56537	N.P.A.	Mr. Robert E. Schultz	25
Lake View Home	Lincoln and West 7th St. Sauk Centre, Minn. 56378	Ind.	Mrs. A. M. Polipnick	8
Laura Baker School	211 Oak Street Northfield, Minn. 55057	Corp.	Mrs. H. L. Millis	55
Mount Olivet Rolling Acres	Route #1 Excelsior, Minn. 55331	N.P.A.	Mr. Jerry Gross	60
Outreach Community Center	1619 Portland Ave. S. Minneapolis, Minn. 55404	N.P.A.	Mr. Irv Picka	135

(cont'd)

MINNESOTA CHILD CARING INSTITUTIONS FOR THE MENTALLY RETARDED

<u>NAME</u>	<u>ADDRESS</u>	<u>OWNER</u>	<u>ADMINISTRATOR</u>	<u>LICENSED CAPACITY</u>
Pettit Children's Home	812 S. Main St. Sauk Centre, Minn. 56378	Ind.	Mrs. Grace Pettit	20
Roseau Children's Home	208 Second Avenue NE Roseau, Minn. 56751	Corp.	Mrs. Marie Olson	95
Vasa Lutheran Home for Children	Route #2 Red Wing, Minn. 55066	N.P.A.	Mr. Roy Harley	52
Welcome Homes, Inc.	1609 Jackson Street St. Paul, Minn. 55117	Corp.	Mr. Eugene J. Schway	41

MINNESOTA CHILD-CARING INSTITUTIONS FOR DEAF CHILDREN

<u>NAME</u>	<u>ADDRESS</u>	<u>OWNER</u>	<u>ADMINISTRATOR</u>	<u>LICENSED CAPACITY</u>
W. Roby Allen School	525 East 5th Street Faribault, Minn. 55021	Ind.	Miss Faye Allen	23

MINNESOTA CHILD-CARING INSTITUTIONS FOR ORTHOPEDICALLY HANDICAPPED CHILDREN

<u>NAME</u>	<u>ADDRESS</u>	<u>OWNER</u>	<u>ADMINISTRATOR</u>	<u>LICENSED CAPACITY</u>
Worthington Crippled Children's Home	P.O. Box 23 Worthington, Minn. 56187	Public	Miss Norma Johansen	51

APPENDIX B

STATE OF MINNESOTA DEPARTMENT OF PUBLIC WELFARE

Child Welfare Rule No. 5

STANDARDS FOR CHILD-CARING INSTITUTIONS

I. Definition

- A. This rule governs the operation of institutions engaged in or seeking to engage in the care of children, and sets forth the requirements necessary for such institutions to be licensed. "Institution" is defined for licensing purposes as a facility for foster care of children, having an administrative organization and structure approved under state law, for providing shelter, food, training and treatment, and other aspects of group foster care for children on a 24-hour basis.
- B. This rule does not apply to institutions exempt from license as provided by law; and foster care facilities subject to license as foster boarding homes.

II. Procedures for Licensing

- A. Persons desiring a license or a renewal of license shall apply to the Commissioner of Public Welfare who shall determine the competence of such persons to be licensed for the purpose of giving care to children. In making this determination the Commissioner shall be guided by the rules in this and subsequent Sections. All licenses shall expire one year from date of issuance unless sooner revoked.
- B. In addition to the application, a new group planning to enter into child care shall submit such materials as the Commissioner may require to make a proper determination of competence of the group' to be licensed.
- C. An institution desiring to renew its license shall submit an application for re-licensing within a period of 45 days before the license is due to expire. In applying for such renewal the institution shall file with its application such information as the Commissioner may require to make a proper determination.

III. Organization and Administration

- A. The purposes or function of the institution shall be clearly defined. Such definition shall include the geographical area to be served, ages and types of children to be accepted for care, and the specific extent, limitation and scope of services for which licensing authority is being sought.

- B. The institution shall meet a need in the geographical area it serves or plans to serve.
- C. The institution shall be incorporated in accordance with the laws of the State of Minnesota.
- D. The institution shall have a sound plan of financing which gives assurance of sufficient funds to enable it to carry out its defined purposes and provide proper care for children. A new institution shall have sufficient funds assured to carry it through the first year of operation.
- E. The institution shall have a governing board which is broadly representative of the community it serves.
- F. All financial accounts shall be audited by a certified public accountant from outside the institution staff or board at least once a year and the report made a part of institution records subject to review by the Commissioner of Public Welfare.

IV. Staff

- A. All employees shall be persons of good character, good health and emotional stability, and of sufficient ability and education to carry out adequately the duties assigned to them.
- B. There shall be a ratio of at least one child care staff member to every ten (10) to twelve (12) children. In institutions caring for more than ten (10) children the superintendent, the house parent's supervisor, teachers, and vocational directors shall not be included in computing this ratio.
- C. Every staff member shall have a physical examination before he begins work, and annually thereafter. Initial examination shall include a Mantoux test, and a chest X-ray, where the Mantoux is positive.

1. Executives:

The executive shall be a person of sound judgment and integrity. He shall have had training and experience in working with children that will equip him for his duties and make him temperamentally adapted to work with children, committees and other community groups.

2. Clerical Staff:

Each institution shall have adequate clerical services to keep correspondence, records, bookkeeping and files current and in good order.

3. Child Care Staff:

The moral and emotional fitness of child care staff members should be unquestionable, and their training and experience shall be sufficient to equip them for their duties. They shall be at least twenty-one (21) years of age. They shall be mentally and physically fit. They shall have at least a high school education or its equivalent.

4. Other Staff:

Domestic and maintenance staff shall be employed to carry on the everyday housekeeping and maintenance functions in sufficient number so that those employed to give direct care to children are not prevented from giving supervision to the children because of other duties.

5. Personnel Policies:

Salary ranges for each type of position shall be established in writing and shall be adequate to attract and hold efficient personnel, equivalent to prevailing rates of pay in similar positions in the community and commensurate with the duties and responsibilities of the position. Comfortable living quarters shall be provided for all staff required to live within the institution. Resident staff with direct responsibility for children shall have at least one full day off each week. Staff shall have at least two weeks annual leave with full pay.

6. Case Work Services:

An institution providing case work services through its own social services department must also meet requirements relating to licensing of social services agencies.

7. Adjunctive Clinical Services:

The services of a psychologist, psychiatrist, and physician must be made available for the children requiring these services.

V. Social Services

A. Admissions:

1. No child shall be admitted, retained, or discharged from a children's institution except under the direction of a casework agency authorized by the Commissioner of Public Welfare to carry this responsibility as part of its casework services.

Since casework staff cannot properly carry this responsibility without full participation of group care staff, each institution must clearly define in writing its proposed plan for making these Joint decisions, and its plan for resolving differences of opinion should they arise and for fixing final responsibility.

2. Intake policies of the institution shall be clearly defined. They shall be carefully reviewed from time to time and changed as needs and conditions in the community change or as the staff and program of the institution change to meet these changing needs.
- 3- Admissions shall be in keeping with the stated policies of the institution and shall be limited to those children for whom the institution is qualified by staff, equipment, and needs of children already in residence to give the care deemed necessary.
4. Casework decisions shall be based upon a complete social study of the total situation of the child and his needs as well as the total situation at the institution at a given time in order that the ultimate welfare of the individual child shall be the major consideration.
5. Such social study shall be made before a child is admitted, except where emergency care must be given, and then the study shall be made immediately thereafter.
6. The social study shall include all that information which will enable a careful analysis of each case to make sure that each child admitted is in need of the type of care and service the institution can provide.

B. Diagnosis and Treatment While in the Institution:

1. The institution, through its casework service, shall have responsibility for keeping the child in contact with his family and relatives and for assuring that services are provided to the family in behalf of the child when in the judgment of the caseworker, it is appropriate and possible.
2. The caseworker shall assist the child and family in understanding his problems, and shall help the child and family - in attempting to solve them.
3. The caseworker shall work closely with the group care staff and with staff of other agencies giving service so that all persons working with the child and his family may understand the effect of past and present behavior and environment on the child's actions and feelings.

4. In gaining an understanding of the child and his relationships to his family and others, the services of specialists in the field of medicine, psychiatry and psychology shall be used as need for such services as indicated.

C. Discharge:

1. Careful study shall be made and recorded on a continuing basis in order to determine whether a child should be returned to his own home, placed in a foster home, or transferred to an institution better suited to his needs.
2. The length of time a child spends in an institution shall be as brief as possible in accordance with his specific needs.
3. The child's case record must fully justify the reasons for retaining him in institutional care.

D. Records and Reports:

Every institution shall maintain a confidential case record for each child, containing:

1. Application for service.
2. A social study of the family or investigation of application, including an explanation of custody and legal responsibility for the child.
3. A verification of birth.
4. Medical consent signed by parents or legal guardian.
5. Reports on medical examinations, including immunizations, dental examinations, psychological and psychiatric examinations where given.
6. Current record of the child's development, casework with him and with his family, and plan for discharge.
7. A statistical report on each child receiving service as required by the Commissioner of Public Welfare on forms furnished by the Department for that purpose.

VI. Child Care and Development Program

A. Medical Care:

1. Except in the case of emergencies, no child shall be accepted in an institution without a physical examination and a statement signed by a licensed medical doctor declaring the child free of communicable disease and specifying any physical defects the child may have. In an emergency admission,

examination shall follow within seventy-two hours.

2. Either prior to admission or as soon thereafter as practical the child shall be immunized against smallpox, diphtheria, and such other diseases a physician may recommend.
3. Definite arrangements shall be made with at least one licensed medical doctor for the medical care of the children. This shall include arrangements for necessary visits to the institution as well as office visits.
4. Every child shall have a complete physical examination at least annually. A child having a physical defect shall not be allowed to participate in activities injurious to his health. Efforts shall be made by the institution to have physical defects of the children corrected through proper medical care.
5. The staff shall have a clear understanding as to what medical care, including first aid, may be given by them without specific orders from a licensed medical doctor. They shall be instructed as to how to obtain further medical care and how to handle emergency cases.
6. Arrangements shall be made with a hospital for the admission of children from the institution in the event of serious illness or an emergency.
7. Each member of the child-caring staff shall be able to recognize the common symptoms of illnesses of children and to note any marked physical defects of children. A sterile clinical thermometer shall be kept available. Child-caring staff shall be able to provide practical nursing care.
8. Each child shall have a separate medical record which shall include the statement of the medical doctor who examined him at the time of admission to the institution; a record of his immunizations; consent of parents or guardians for medical care; a record of his annual measuring and weighing; a statement from his medical doctor who gave him his annual physical examination; a record of the medical care given at the institution. The latter shall include a record of his hospitalization, significant illnesses or accidents, and attempts at correcting physical defects.

B. Dental Care:

1. The institution shall have a definite plan for one or more licensed dentists for the dental care of the children.
2. Each child shall receive a dental examination at least once a year.

3. Included in the child's medical record shall be a dental record, showing dates of examinations and by whom given.

C. General Health:

1. Each child shall have enough sleep for his age at regular and reasonable hours and under conditions conducive to rest. While children are asleep, at least one staff member shall be near enough to hear calls.
2. Children shall be encouraged and helped to keep themselves clean. They shall receive specific training in personal hygiene.
3. Bathing and toilet facilities shall be properly maintained and kept clean.
4. Each child shall have his own clearly identified toothbrush, comb, towel, and washcloth and his own separate place for keeping these personal articles. At least twice a week, towels and facecloths shall be changed.
5. Menus shall provide for varied, balanced and adequate diet for all children in the institution.
6. Each child shall be provided with clothing for his own exclusive use which is comfortable, appropriate for current weather conditions, and of such type as not to make him conspicuous in the community.
7. Electric lighting in combination with natural lighting shall be of sufficient quantity and diffusion as to prevent injury to eyesight.
8. The institution shall provide equipment for indoor and outdoor play, and shall make provision for active daily play and exercise.

D. Education and Training:

1. All children shall attend school until the age of 17 years unless they are excluded for reasons of health or mental deficiency by a properly designated school authority. A school operated within the institution shall meet the standards of the State Department of Education. A special plan for education of a child shall be worked out when he is unable to attend the neighborhood school.
2. Children shall be provided an opportunity to receive instruction in their religion. No child shall be required to attend religious services or to receive religious instruction in a faith different from that indicated by his parent or guardian.

3. Discipline shall be maintained by an attitude of the staff which shall be diagnostic and remedial, rather than punitive. Corporal punishment shall not be administered.
4. Children shall not be required to be solely responsible for any major phase of institutional operation or maintenance, such as cooking, laundering, housekeeping, farming, and repairing. Children shall not be considered as substitutes for employed staff.
5. No child shall be used in any way for the purpose of soliciting funds. Neither shall he be identified in connection with publicity for the institution in any way which would cause him or his family embarrassment. He shall not be forced to acknowledge his dependency on the institution or his gratitude to it.

VII. Plant, Grounds, and Equipment

A. Grounds:

There shall be sufficient ground space for recreation.

B. Buildings:

1. Plans for a new building, parts of buildings, or alterations when such plans affect services to children, shall comply with local building codes, and shall be submitted for approval to the Department of Public Welfare before contracts are let or work is started.
2. The area of a sleeping room shall not be less than an average of 500 cu. ft. per child. Each child shall have his own bed provided with substantial springs, mattress and bed covering. Individual beds shall be at least three feet apart. There shall be an aisle of not less than four feet between rows of beds. Children shall not sleep in institution basements or attics.
3. Dining rooms shall be cheerful and attractive.
4. The living rooms shall be large enough to provide comfortable and cheerful living quarters for the children.
5. There shall be sufficient space provided for indoor quiet play and active group play.
6. Heating facilities shall be provided that will keep the temperature in living quarters of the institution within the range of 70-74 degrees Fahrenheit during the day and 55-65 degrees Fahrenheit during the night.

7. Natural light where possible shall be available in every room used by children and staff. Window areas shall not be less than 1/6 of the floor area of each room. In combination with natural light, electric lighting shall be installed of sufficient quantity and diffusion as to prevent injury to eyesight.
8. Natural ventilation shall be available in every room in the institution which is used by the children and staff. Cross ventilation shall be provided in sleeping rooms. Rooms which are abnormally damp shall not be used by children or as living quarters for staff.
9. Staff quarters shall be separate from those of children, although near enough to assure proper supervision of children.

C. Fire:

1. Care shall be exercised by the staff to prevent children from using matches, from playing around unprotected and unsupervised fires, from smoking without supervision or from handling inflammable or combustible materials. Children shall be instructed on fire prevention.
2. Serious consideration shall be given to see that the buildings are so constructed, equipped, and located as not to be fire hazards. If of frame construction, they shall be over 70 feet apart at the nearest points.
3. All electrical and heating equipment shall be approved by Underwriters Laboratory or other nationally recognized testing laboratories. All electrical equipment and installation shall comply with the State Board of Electricity and the National Electric Code.
4. Inflammable material, such as gasoline, kerosene, fuel oil, etc., shall be stored as provided by regulations of Local and State fire authorities.
5. The staff and children residing in an institution shall be trained in properly reporting a fire, in extinguishing a small fire, and in evacuation from the building in case of fire. Fire drills shall be held periodically. Fire extinguishers shall be provided and maintained throughout each building in accordance with standards of the State Fire Marshal. The institution shall comply with all regulations of the State Fire Marshal which relate to operation of such buildings.

6. All buildings of institutions licensed for the first time shall be of non-combustible construction and shall be at least one hour fire-resistant for all one-story buildings and at least two hour fire-resistant for all buildings more than one story.
7. Existing, non-fire-resistant buildings of more than one story, and with a licensed capacity to house 30 or more children, shall be protected with a complete automatic sprinkler system installed to comply with the requirements of the State Fire Marshal and the standards of the Minnesota Fire Underwriters Inspection Bureau. This requirement shall be complied with within 18 months of the effective date of these regulations.

D. Sanitation:

1. Kitchens and kitchen equipment shall meet standards prescribed for eating establishments by the Local or State Department of Health.
2. There shall be an adequate available supply of hot and cold water to serve the institution. Toilet facilities shall be maintained in a sanitary condition equal to standards prescribed by the local or State Department of Health. There shall be separate toilet and bath facilities for boys and girls and separate facilities for employees. There shall not be less than one lavatory with hot and cold water for every six children, one toilet for every eight children and one tub or shower for every 10 children. In addition, there shall be a minimum of one tub or shower in each building in which children live.
3. Sewerage shall be disposed of through municipal systems where such are available. If such is not available, the independent sewerage system shall comply with the existing local and State ordinances.
4. The milk supply shall meet local and State ordinances and codes.
5. Drinking water shall be supplied from an approved public supply if available; if not available, the private system shall comply with county and State ordinances and codes.
6. Proper facilities for sanitation shall be provided through the institution buildings and premises for the purpose of insuring cleanliness and protection against disease.

VIII. Refusal of License

Failure or inability to comply with the above standards shall be cause for refusal or revocation of license.

Dated at St. Paul, Minnesota, this 27th day of December, 1956.

MORRIS HURSH

Commissioner of Public Welfare

- Notice of Public Hearing - August 17, 1956
Public Hearing - September 20, 1956

Approved as to form and legality this
27th day of December, 1956.

Miles Lord, Attorney General
BY: James N. Bradford
Special Assistant Attorney General

Piled Secretary of State December 28, 1956 - 11:15 a.m.

Joseph L. Donovan
Secretary of State

DPW 7: Standards for Institutions Serving Individuals Who Are Retarded

Introduction - A Statement of Philosophy

In our day, we are under obligation—and should exhort others—to honor the right of every child or adult who is retarded to live freely in our society with utmost regard for his humanness.

If we accept this obligation and this responsibility—then most children and adults who are retarded should and will receive the nurture, education, training, and opportunity for meaningful life and work in their families, homes, and communities.

The institution, whether publicly or privately owned, should be the means for training, treatment, rehabilitation, and return to the community for some who, because of the extreme disharmonies of their lives and adjustment, need a more protective environment and program for a time-limited span of their lives.

The responsibility of the institution to provide meaningful life experience and opportunity for realization of the human potential becomes exceedingly clear and obligatory.

The responsibility of the community to provide educational, vocational, medical, and counseling programs also becomes paramount in order to Honor the right each retarded person has to full physical, emotional, and intellectual development.

I. Definition

- A. This rule governs the operation of any institution engaged in, or seeking to engage in, the care of retarded individuals and sets forth the requirements necessary for such an institution to be licensed. Such an "institution" is defined, for licensing purposes, as a facility for retarded individuals having an administrative organization and structure for the purpose of providing residential care, food, training and/or treatment, and other aspects of care needed for retarded individuals on a 24-hour basis.
- B. This rule does not apply to foster-care facilities subject to licensure as foster boarding homes, group homes, or settings provided for under other types of licensure; nor does it apply to nursing homes, board and care homes, and board and lodging places licensed by the State Department of Health.
- C. Sections 256.01 and 257.175, Minnesota Statutes, charge the Commissioner of Public Welfare with the over-all responsibility for programming for mentally retarded individuals.
- D. Sections 257.081 to 257.123, Minnesota Statutes, charge the Commissioner of Public Welfare with the responsibility for annual study and licensing of institutions.
- E. Section 257.081, Subdivision 6, Minnesota Statutes, defines children as "one or more persons under the age of 16 years or persons over 16 years of age if for reasons of mental retardation they still require the protection needed by persons under 16 years of age".

II. Procedures for Licensing

- A. Application shall be made to the Commissioner of Public Welfare, who shall determine the competence of persons or organizations seeking to be licensed or re-licensed for the purpose of giving care to retarded individuals. In making this determination, the Commissioner shall be guided by the rules in this and subsequent sections.
- B. All licenses shall expire one year from date of issuance unless sooner revoked.

- C. A new person or organization planning to enter into residential care for the retarded shall submit, prior to building or acquiring a building, or hiring of staff, in addition to the application, materials and information the Commissioner may require to make a proper determination of the adequacy of services to be provided. Such required materials may include a statement of survey of need for the facility, articles of incorporation, plan for program, plan for administration and organization, plan for staffing, plan for training of staff, and architectural and physical building plans.
- D. An institution desiring to renew its license shall submit an application for re-licensing within a period of 45 days before the license is due to expire. In applying for such renewal, the institution shall file with its application such information as the Commissioner may require to make a proper determination. Such information may include an up-to-date listing of staff, a current program plan and operation, and a declaration of self-evaluation of program outcome and results..III. Organization and Administration
- A. The philosophy, purposes, and functions of the institution shall be clearly defined and a declaration of same entered as a matter of record with the Commissioner.
- B. The institution shall similarly state and file with the Commissioner a statement of the geographic area to be served, ages, and types of retarded to be accepted for care, and the extent, limitation of service, and scope of services for which it seeks licensed approval.
- C. The institution shall also coordinate its services and program with other persons, agencies, or organizations serving the retarded in the community. This shall include county welfare departments, schools, vocational rehabilitation agents and agencies, mental health centers, day activity centers, parent organizations, and churches.
- D. The institution shall have a sound plan of financing that gives assurance of sufficient funds to enable it to carry out its defined purposes. A new institution shall have funds assured, or a sound plan for obtaining financing sufficient to assure a complete program through the first six-months operation, even though population does not reach licensed capacity.
- E. The institution shall establish written policies pertaining to:
 - 1. Admission, care, and discharge of residents.
 - 2. Establishment of individualized program plans for residents.
 - 3. Internal operations.
 - a) Personnel policies and practices.
 - b) Operating rules, including administrative or policy-making duties for the conduct of its officers, members, and staff.
 - c) Clear lines of communication and responsibility among its staff members and between the governing body and the administrator.
- F. There shall be a system of business management and staffing to assure maintenance of complete and accurate accounts, books, and records.
- G. The governing body, or board, or a person officially representing the institution, shall notify the Department of any changes pending or occurring in the corporate structure, administration, resident program, or function of the institution directly affecting the care of the residents.
- H. All licensed individuals or organizations shall operate on a non-discriminatory basis, according equal treatment and access to their services to all persons.

IV. Program

- A. Each facility shall have a clear statement of philosophy, goals, responsibilities, and limitations for the facility. There shall be a specific program plan for each resident.
- B. Each facility shall have a system of planning and carrying out specific program plans for each individual. Whenever possible, it is suggested that the methods, steps, and ways of carrying out the institutional or individual goal (or goals) be conveyed as clearly and with the greatest degree of specificity as possible.
- C. There must be a system to coordinate program activities and to assure a continuum of services to advance the individual person's ability to function. That continuum shall include, but not be limited to, medical, social, and educational services when needed, continuous evaluation of progress, availability of vocational training and work experience, social experiences, and community living opportunities.
- D. A program plan shall be prescribed at the initial staffing for the prospective resident of the institution, in conjunction with the resident-to-be, the parents, and the referring agency. This plan shall show all services of the community-service agencies to be utilized. Individual program will be based upon the needs of residents and availability of program resources within the facility and in the community, and modified according to the progress of the individual.
- E. Each resident shall be given individual attention and counsel in order to carry out his program plan on a day-to-day basis.
- F. Residential personnel shall be trained to carry out the institution program, which must include training in self-help skills, speech, health and grooming habits, and other aspects of help and training provided people living in a concerned community.
- G. Each resident must be involved, whenever feasible, in planning his own program, with encouragement from program staff.

Resident involvement, such as through a resident council, is recommended in order to develop individual and group participation and responsibility in the rule and policy-making of the institution.*

- H. Speech, vision, and hearing services should be made available to all residents in need.
- I. A current physical examination on each resident must be on file with the institution.

*Each resident should have a physical examination at least once a year.**

- J. The health and individual needs of each resident, including, but not limited to, medications, nutrition, and personalized care, must be determined and attended to, or referred for attention, by institution staff.
- K. Arrangements for emergency and routine medical care shall be made by institution staff.
- L. The institution shall have a plan for the dental care of each resident.
- M. Each resident shall have opportunity for sleep. The institution shall see to it that appropriate, comfortable, and contemporary-styled clothing is provided for each resident's exclusive use.
- N. Each resident shall be encouraged and helped in attaining the highest degree of self-help possible, including training in personal hygiene and grooming.

•Recommended.

- O. Group Living Experience - Each resident shall have a clearly delineated and identifiable program established as it relates to his residential living and socialization activities. He should be a member of a small group with an identity of its own.
- P. Community Living Experience - Each resident shall be afforded opportunity for a wholesome community living experience.
- Q. Social Services - Social services here shall be defined as those services that help the person, group, or community toward better social functioning and maximal realization of potential. They should be provided by persons qualified by training and/or experience as social workers.
 - 1. Social services shall be provided either by the institution or by contractual arrangement with a social service agency.
 - 2. Social services shall be a clearly defined and identifiable phase of the total care, treatment, and training program.
 - 3. Social services should be available to all residents and their families.
 - 4. Each facility shall have a clearly defined set of goals and objectives related to the social service program.

*The social service program should include the following:**

- a) *Assistance in program planning for each person.*
- b) *Participation in family counseling.*
- c) *Intensive case work with the family.*
- d) *Assistance in the placement or follow-up of residents, both within the facility and through participation in open community programs.*
- e) *Referral of individuals to a community group.*

R. Recreational Programming

- 1. Recreation, extended to all, shall be a clearly delineated and identifiable phase of the total care, training, and treatment program.⁴
- 2. Each facility shall have a clearly defined set of goals and objectives related to the recreational program.

*Basic recreation programs should include:**

- a) *Some form of recreation for all residents.*
- b) *Opportunities for social interchange of residents in a recreational atmosphere; e.g., dancing, game room.*
- c) *Instructions in a variety of hobbies arts and crafts, etc.*
- d) *An 'intramural sports activity program, if possible.*
- e) *Planned group activities; e.g., holiday celebrations, movies, dancing, etc.*
- f) *Provision for work/play tables, toys, games, etc., for each individual resident.*

* Recommended.

S. Educational Programming

1. Education and training shall be extended to all residents capable, or potentially capable, of participating.
2. Each facility shall have a clearly definable set of educational and training objectives. This shall include reference to the various phases, settings, and levels of education.
3. Each facility shall administratively assign or refer residents to an educational program when ever possible. Federal, state, and local programs and aids shall be utilized whenever possible.

*An educational program for most residents should include, but wilt not be limited to:**

a) Language development.

b) Communication skills.

c) Group-living skills.

d) Home-living skills.

e) Self-help skills.

f) Leisure-time activities.

g) Speech therapy.

h) Physical education (motor-skill development).

i) Pro-vocational, vocational, and occupational training.

- T. Physical - Each institution shall provide physical-development and health-maintenance programs.

*These include, but are not limited to, such activities as small- and large-muscle development, sports, gymnastics, athletics, stimnastics, etc.**

- U. Expressive Programs - Each institution shall afford the residents a program for encouraging and developing individual expression, creativity, and ingenuity.

*Examples of such programs are music, dramatics, play production, art work, painting, crocheting, etc.**

V. Vocational Programs

1. The institution shall provide, when applicable, a vocational program that is clearly delineated and an identifiable phase of the total care, treatment, and training program.
2. Vocational training opportunities shall be extended to all retarded individuals within the limits of the individual's capabilities to participate.

*Vocational services should include the following:**

a) Vocational evaluation, with full consideration of physical, psychological, social, and vocational problems, educational status, and interests.

b) Personal and social adjustment training and counseling.

*Recommended.

c) Pre-vocational and vocational work experiences; i.e., simulated job experience.

d) Participation in production.

e) Placement and follow-up in an open community employment.

f) Enrollment in a sheltered workshop program, or sheltered employment.

Services of the Division of Vocational Rehabilitation should be used in the vocational diagnosis, evaluation, and counseling of the resident.

W. Psychological Services

1. Psychological services, diagnostic and treatment, shall be extended to all residents, as the need for such services becomes apparent.
2. Each facility shall have a clearly defined set of goals and objectives related to the program of psychological services.

*A psychological program should include:**

a) Individual assessment of intelligence, current level of functioning, general adaptive behavior, and personality components.

b) Consultation and reporting of findings through related staff members.

c) Students and parent counseling and therapy.

d) Assistance in in-service training programs.

e) Participation in program design and implementation.

- X. Religious Services - Opportunity shall be provided each resident for participating in and practicing the religious beliefs and faith of his and/or his family's preference.

V. Staff

- A. All employees shall be persons of good character, good health, and emotional stability, and of sufficient ability and education to carry out adequately the duties assigned to them.
6. There shall be sufficient staff to carry out the institution program and to assure the programming provisions of this Rule.
- C. Every staff member shall have a medical examination before he begins work and annually thereafter. Initial and annual examinations shall include a tuberculin test, and a chest x-ray when the tuberculin test is positive.

D. Quality of Staff

1. Executive:

The executive shall be a person of sound judgment and integrity. He preferably should have a B.A. degree or better in one of the behavioral sciences (i.e., special education, vocational counseling, psychology, and social work). It is desirable for him to have had training and experience in administration that will equip him for working with retarded persons and make him temperamentally adapted for administrative responsibility and direction and for working on committees and with community groups.

*Recommended.

2. Program Director:

Responsibilities shall be assigned to one staff person, separate and apart from administrative duties, for program direction and coordination. In a facility having more than 40 residents, the position of program director, or assistant director in charge of program, shall be established. The person responsible for program direction shall be equipped by training and/or experience.

3. Clerical Staff:

Each institution shall have adequate clerical services to keep correspondence, records, bookkeeping, and files current and in good order.

4. Resident-Care Staff:

Resident-care staff shall be morally and emotionally fit for the work. Training and experience shall be sufficient to equip them for their duties. Resident-care staff shall be encouraged to attend institutes and workshops and to take courses geared to counseling and implementing a program for residents. Staff shall be at least 21 years of age unless their maturity and the staff supervision and support justify having younger persons on duty.

5. Service Personnel:

A sufficient number of domestic and maintenance staff shall be employed to carry on the everyday housekeeping and maintenance functions so that those responsible for direct care will not be hampered in giving such care. They shall be of good moral character and preferably shall have a favorable and constructive attitude toward handicapped people.

6. Relief Staff:

Relief personnel shall be part of the regular staff, able to relate well to persons who are retarded and able to understand and work toward the habilitative and rehabilitative goals of an institution. Such staff should be deployed so as to provide continuity of care and supervision to residents. Sufficient relief staff shall be employed to allow regular time off and vacations for all employees.

7. Volunteer Staff:

Volunteers shall be mindful of, and interested in, the needs of the retarded. Orientation should be provided them by the institution, and the volunteer program must support the institution program and its staff and residents.

8. Social-Work Services:

Social-work services through qualified social worker(s) shall be provided by the institution, or contractual arrangements shall be made for such provision. An institution providing casework services through its own social-services department must also meet requirements relating to licensing of social-service agencies.

9. Recreational Staff:

A recreational staff is an important aspect of the resident program, and staff members holding such responsibilities shall have training and/or experience in recreational activities.

10. Occupational Training Staff:

Occupational training is a vital element for residents within the institution, and staff members fulfilling such positions shall have either academic training or previous satisfactory work experience in an occupational training setting.

11. Related Professional Staff:

Professional staff who are employed, or whose services are used, by the institution shall have the special qualifications obtained through training and experience in their respective fields to render satisfactorily the services expected of them. Such staff include, but are not limited to, medical, dental, and health specialists; nutritionists; psychologists; music and vocational therapists; and teachers or educators.

12. Nursing Staff:

A nurse (or nurses) shall be utilized, either as staff or consultant, whenever such professional service is available to assist in setting up & regimen for giving medications and for scheduling of immunizations.

E. Personnel Policies:

Policies relating to employment shall be in writing and shall include:

1. Description of the specific duties the employee is expected to perform, when they are to be performed, and other persons involved in their performance.
2. Salary pay plan, mileage, expenses, and fringe benefits provided, including insurance coverages and sick leave.
3. Provision for meals for those who live off, as well as on, the premises, as well as the specific living quarters provided for those who live in. Residential arrangements shall assure every possibility for living a normal personal, family, and social life.
4. Work schedules that provide for daily and weekly periods of relief, and annual vacation periods sufficient in length to enable the staff to continue performing their duties efficiently.
5. Information about routines and house rules of the institution.
6. Opportunities for in-service training; attendance at institutes, workshops, and classes; and promotion or advancement.
7. Provision for probation periods and conditions for terminating employment.

VI. Plant, Grounds, and Equipment

A. Grounds:

There shall be access to sufficient space and equipment for recreation. This includes individual leisure-time activities, as well as organized group activities.

B. Buildings:

1. Dining rooms. No more than eight shall be seated at one table.
2. There shall be a day room, living room, or recreation area of 35 square feet per individual.
3. No more than four persons shall be allowed in one sleeping room. In instances of severely and profoundly retarded, up to eight children may be allowed, to encourage various types of social, physical, and recreational stimulation.
4. Each resident shall have a set of bureau drawers in which to place personal articles and clothing.

5. There must be individual storage facilities for each child's day-to-day clothing, as well as other storage space for clothing not currently used.
6. Staff quarters shall be separate from those of residents but near enough to assure proper supervision.
7. Equipment that houses confidential records must be fire-resistant and so located that the records can be kept confidential.

C. Fire:

All institutions shall meet the requirements set forth by the State Fire Marshal.

D. Health:

Each institution shall meet the requirements of the State Department of Health or its agent.

VII. Records

A. There shall be an individual record for each resident, available to staff, including:

1. Admissions information.
2. Statement of individual program plan and progress reports.
3. Medical and medication records.

B. The institution shall maintain adequate financial records.

C. Board minutes, articles of incorporation, and personnel policies and transactions shall be a matter of record.

D. Information of record pertaining to an individual or his family shall be held confidential and released only to authorized persons or agencies.

VIII. Refusal of License

Failure or inability to comply with the above standards shall be cause for refusal or revocation of license.

The right of fair hearing and appeal shall be honored in accordance with Minnesota law.

Dated at St. Paul, Minnesota, this 3rd day of April, 1969.

MORRIS HURSH Commissioner of Public Welfare

Notice of Public Hearing - February 3, 1969

Public Hearing - March 6, 1969

APPENDIX 0

MINNESOTA DEPARTMENT OF HEALTH

Division of Hospital Services University

Campus, Minneapolis 14, Minnesota

January, 1963

Minnesota Statutes and Regulations of the Minnesota Slate Board of Health
for the Construction, Equipment, Maintenance, Operation and
Licensing of Nursing Homes and Boarding Care Howes

Law for Licensing Hospitals and Related Institutions

Minnesota Statutes Sections 144.50

to 144.58, inclusive

HOSPITALIZATION

144.49 VIOLATIONS; PENALTIES. Subd. 7. Any person, partnership, association, or corporation establishing, conducting, managing, or operating any hospital, sanatorium, rest home, nursing home, or Institution in accordance with the provisions of sections 144.50 to 144.58 violating any provision of sections 144.50 to 144.58 or any regulation there under is guilty of a misdemeanor.

144.50 HOSPITALS, LICENSES; DEFINITIONS. No person, partnership, association, or corporation, nor any state, county, or local governmental units, nor any division, department, board, or agency thereof, shall establish, conduct, or maintain in the state any hospital, sanatorium, rest home, nursing home, boarding home, or other Institution for the hospitalization or care of human beings without first obtaining a license there for in the manner hereinafter provided.

Hospital, sanatorium, rest home, nursing home, boarding home, and other related institutions, within the meaning of sections 144.50 to 144.56 shall mean any institution, place, building, or agency in which any accommodation is maintained, furnished, or offered for the hospitalization of the sick or injured or for maternity care of more than one woman within a period of six months or for care of five- or more aged or infirm persons requiring or receiving chronic or convalescent care. Nothing in sections 144.50 to 144.56 shall apply to hotels or other similar places that furnish only board and room, or either, to their guests.

"Hospitalization" means the reception and care of persons for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of such persons.

"Maternity care" means the care and treatment of a woman during pregnancy or during delivery or within ten days after delivery, and for the purposes of sections 144.50 to 144.56 shall include care during such period of time of the infant born to such mother.

"Chronic or convalescent care" means (1) care required by a person because of prolonged mental or physical illness or defect or during recovery from Injury or disease and shall include any or all of the procedures commonly employed in caring for the sick; and (2) care incident to old age required by a person who because of advancing age is not capable of properly caring for himself and shall include necessary personal or custodial care. The furnishing of board, room, and laundry shall not in itself be deemed care incident to old age.

Nothing In sections 144.50 to 144.5G shall authorize any person, partnership, association, or corporation, nor any state, county, or local governmental units, nor any division, department, board, or agency thereof, to engage, in any manner, In the practice of healing, or the practice of medicine, as defined by law.

[191 c 5)9 s 1; 19)3 c 649 a 1; 1951 c SO) 8 1]

144.51 EXISTING HOSPITALS, LICENSES. No person, partnership, association, or corporation, nor any state, county, or local governmental units, nor any division, department, board, or agency thereof, may operate a hospital, sanatorium, rest home, nursing home, or boarding home for the infirm aged, without a license there for.

Before a license shall be issued under sections 144.50 to 144.56, the person applying shall submit evidence satisfactory to the state board of health that he is not less than»21 years of age and of reputable and responsible character; In the event the applicant is an association or corporation or governmental unit like evidence shall be submitted as to the members thereof and the persons in charge. All applicants shall, In addition, submit satisfactory evidence of their ability to comply with the provisions of sections 144.50 to 144.56 and all rules, regulations, and minimum standards adopted there under.

[1941 c 549 s 2; 19)3 c 649 s 2; 1951 c SO) 8 £]

144.52 APPLICATION. Any person, partnership, association, or corporation, including state, county, or local governmental units, or any division, department, board, or agency thereof, desiring a license under sections 144.50 to 144.56 shall file with the state board of health a verified application containing the name of the applicant desiring said license; whether such persons so applying are 21 years of age; the type of institution to be operated; the location thereof; the name of the person in charge thereof, and such other Information pertinent thereto as the state board of health by regulation may require. Application on behalf of a corporation or association or other governmental unit shall be made by any two officers thereof or by its managing agents.

[1941 c 549 s 3; 1943 c 649 s 3; 1951 c 304 s 3]

144.53 FEES. Each application for a license to operate a hospital, sanatorium, rest home, or boarding home, or related institution, within the meaning of sections 144.50 to 144.56, except applications by the commissioner of public welfare for the licensing of state institutions or by the administrator for the licensing of the university of Minnesota hospitals, shall be accompanied by a fee to be determined by the number of beds available for persons accommodated: those with less than ten such beds shall pay a fee of \$30; those with ten beds or more and less than 50 beds shall pay a fee of \$50; those with 50 beds or more and less than 100 beds shall pay a fee of \$75; those with 100 beds or more shall

pay a fee of \$100. No such fee shall be refunded. All licenses shall expire annually on the 31st day of December. An application for renewal of the license shall be filed not later than the 31st day of December. All such fees received by the state board of health shall be paid into the state treasury.

No license granted here under shall be assignable or transferable.

[1941 c 549 s 4; 1945 C 192 s 1; 1951 c 304 s 4; 1959 0 466 s 1]

144.54 INSPECTIONS. Every building, institution, or establishment for which a license has been issued shall be periodically inspected by a duly appointed representative of the state board of health under the rules and regulations to be established by the state board of health. No Institution of any kind licensed pursuant to the provisions of sections 144.50 to 144.56 shall be required to be licensed or inspected under the laws of this state relating to hotels, restaurants, lodging houses, boarding houses, and places of refreshment.

[1941 c 549 a 5; 1951 c 304 s 5]

144.55 LICENSE; ISSUANCE, SUSPENSION AND REVOCATION BY STATE BOARD OF HEALTH. The state board of health is hereby authorized to issue licenses to operate hospitals, sanatorium.*?, rest homes, nursing homes, or other related Institutions, which after inspection are found to comply with the provisions of sections 144.50 to 144.56 and any reasonable regulations adopted by the state board of health. All decisions of the state board of health there under may be reviewed in the district court in the county in which the institution is located or contemplated.

The state board of health may refuse to grant, refuse to renew, or may suspend or revoke a license on any of the following grounds:

- (1) Violation of any of the provisions of sections 144.50 to 144.56 or the rules, regulations, or standards issued pursuant thereto;
- (2) Permitting, aiding, or abetting the commission of any illegal act in such institution;
- (3) Conduct or practices detrimental to the welfare of the patient; or
- (4) Obtaining, or attempting to obtain a license by fraudulent means or misrepresentation.

Before any such license issued there under is suspended, or revoked, or its renewal refused, 30 days written notice shall be given the holder thereof of the date set for hearing of the complaint. The holder of such license shall be furnished with a copy of the complaint and be entitled to be represented by legal counsel at such hearing. Such notice may be given by the state board of health by registered mail. The board may appoint, in writing, any competent person to preside at such hearing who shall take testimony, administer oaths, issue subpoenas, and compel the attendance of witnesses and transmit the record of such hearing to the board. The decision of the board shall be based on the testimony and records.

If a license is revoked as herein provided a new application for license may be considered by the state board of health if, when, and after the conditions upon which revocation was based have been corrected

and evidence of this fact has been satisfactorily furnished. A new license may then be granted after proper inspection has been made and all provisions of sections 144.50 to 144.56 and rules and regulations there under as heretofore or hereinafter provided have been complied with and recommendation has been made there for by the hospital Inspector as an agent of the state board of health. [1941 c 549 s 6; 1951 C 304 s 6]

144.56 STANDARDS. Subdivision 1. The state board of health shall, in the manner prescribed by law, adopt and enforce reasonable rules, regulations, and standards under sections 144.50 to 144.56 which it finds necessary and in the public interests and may rescind or modify them from time to time as may be in the public interest, insofar as such action is not in conflict with any provision thereof.

Subd. 2. In the public interest the board, by such rules, regulations, and standards, may regulate and establish minimum standards as to the construction, equipment, maintenance, and operation of the institutions insofar as they relate to sanitation and safety of the buildings and to the health, treatment, comfort, safety, and well-being of the persons accommodated for care. Construction as used in this subdivision means the erection of new buildings or the alterations of or additions to existing buildings commenced after the passage of this act.

Subd 3 The board shall, with the advice of the commissioner of public welfare, prescribe such general regulations and rule³ for the conduct of all institutions receiving maternity patients as shall be necessary to effect the purposes of all laws of the state relating to maternity patients and newborn infants so far as the same are applicable.

Subd 4. The board of health may classify the institutions licensed under sections 144.50 to 144.56 on the basis of the type of care provided and may prescribe separate rules, regulations, and minimum standards for each class.

11941 C 549 s 7; 1943 C 649 s 7; 1951 c 304 s 7]

144.57 [Repealed, 1951 c 304 s 8]

144 571 ADVISORY BOARD. An advisory board of nine members shall be appointed in the following manner to make recommendations to the state board of health and to assist in the establishment of such rules regulations, and standards and any amendments thereto. This board shall consist of four members to be appointed annually from the membership of the Minnesota hospital association by the board of trustees thereof, one of said four members shall be the superintendent of a hospital operated by a county or other local governmental unit; one member representing homes for chronic or convalescent patients shall be appointed annually by the state board of health; and two members shall be doctors of medicine to be appointed annually from the Minnesota state medical association by the council of the Minnesota state medical association. The commissioner of public welfare, or a person from the department of public welfare designated by him, shall be the eighth member of said advisory board, and the commissioner of public welfare shall designate the ninth member who will represent the Minnesota county welfare boards.

11951 c .104 • 9]

144.572 INSTITUTIONS EXCEPTED. No regulation nor requirement shall be made, nor standard established under sections 144.50 to 144.56 for any sanatorium, nursing home, nor rest home conducted In accordance with the practice and principles of the body known as the Church of Christ, Scientist, except as to the sanitary and safe condition of the premises, cleanliness of operation, and its physical equipment.

[1951 c 304 s 10]

141.58 INFORMATION, CONFIDENTIAL. Information of a confidential nature received by the state board of health through Inspections and authorized under sections 144.50 to 144.56 shall not be disclosed except in a proceeding Involving the question of licensure.

[1941 c 549 s 9; 1951 c 304 s 11]

ARTICLE V
REGULATIONS FOR NURSING HOMES AND
BOARDING CARE HOMES

(Effective February 10, 1952, except Regulation 10614
Medications effective, September 11, 1962)

10551 CLASSIFICATION, DEFINITIONS, ISSUANCE OF
LICENSES

(a) Homes to be Classified. Homes providing chronic or convalescent care shall be classified as: (1) nursing homes; or (2) boarding care homes. A "nursing home" shall mean a home licensed to provide care for aged or infirm persons requiring or receiving nursing care as herein defined. A "boarding care home" shall mean a home licensed to provide care for aged or infirm persons requiring or receiving personal care or custodial care as herein defined.

(b) Definitions. For the purpose of these regulations:

1. "Nursing care" shall mean care required by a person because of prolonged mental or physical illness or defect or during recovery from injury or disease and shall include any or all of the procedures commonly employed in caring for the sick.¹

2. "Personal care or custodial care" shall mean care incident to old age or infirmity required by a person who because of advancing age or infirmity is not capable of properly caring for himself and shall include necessary personal or custodial care.¹

¹Examples of nursing care include: bedside care, including administration of medications, irrigations and catheterizations, applications of dressings or bandages; rehabilitative nursing techniques; preparation of special diets; other treatments prescribed by a physician which require technical knowledge, skill, and judgment beyond that which the untrained person possesses.

²Examples of personal care or custodial care include: board, room, laundry, and personal services; assistance with bathing, dressing and other items of personal hygiene; supervision over medications which can be safely self-administered; plus a program of activities and supervision required by persons who are not capable of properly caring for themselves.

3. A "patient" is any individual cared for in a nursing home, even though such person does not require nursing care.

4. A "resident" is any individual cared for in a boarding care home.

6. The term "board" as used in these regulations shall mean the "Minnesota State Board of Health."

6. The "licensee" is the person or governing body *to* whom the license is issued. The licensee is held responsible for compliance with the applicable rules, regulations, and standards.

(c) Types of Patients Not to be Received. Maternity patients, disturbed mental patients, and persons having or suspected of having a disease endangering other residents shall not be admitted to or retained in either a nursing home or a boarding care home. A person for whom the general use of restraints is necessary for his protection and the protection of others shall be considered a disturbed mental patient.

(d) Children Not to be Received. A nursing home or boarding care home shall not receive either sick children or well children for care.

(e) Capacity Prescribed. Each license shall specify the maximum allowable number of patients or residents to be cared for at any one time. No greater number of patients or residents shall be kept than is authorized by the license.

(f) License to be Posted. The license shall be conspicuously posted in the area where patients or residents are admitted.

(g) Employees to be Instructed. Copies of these regulations shall be available to the personnel of the institution. They shall be instructed in the requirements of the law and the regulations pertaining to their respective duties.

(h) Home Not to be Represented as "Hospital." The term "hospital" may not be used as part of the name of any institution unless it has been classified as a hospital by the board. A nursing home or a boarding care home may not be represented as a hospital or as giving hospital care.

10559 PERSONNEL

(a) 21-Hour Coverage. There shall be at all times a responsible person immediately available to the patients or residents.

(b) Other Personnel. At all times there shall be enough personnel to provide the standard of care and maintenance in the home for the well-being of persons received for care. A record shall be kept of the period of service of each employee.

10561 NEW CONSTRUCTION

(a) All New One-Story Buildings shall be constructed of not less than one-hour fire-resistive construction throughout except that boiler rooms, heating rooms, and combustible storage rooms shall be of three-hour fire-resistive construction.

(b) All New Buildings More than One Story in height shall be constructed of incombustible materials, using a structural framework of reinforced concrete or structural steel except that masonry walls and piers may be utilized for buildings up to three stories in height not accounting for penthouses.

10563 SUBMISSION OF PLANS

(a) Preliminary Plans. When construction is contemplated, either for new buildings, or for additions or material alterations to existing buildings, the preliminary plans or sketch shall be submitted to the board for review and approval before the preparation of working drawings. The preliminary plans shall be drawn to scale and shall indicate the assignment of all spaces, sizes of areas and rooms, and the location and kind of fixed equipment.

(b) Final Working Drawings and* Specifications. Before construction is begun, plans and specifications in duplicate covering the construction of new buildings, additions, or material alterations to existing buildings shall be submitted to and approved by the board as to compliance with the nursing home or boarding care home regulations. These plans shall show the general arrangement of the building, including a room schedule and fixed equipment of each room, together with such additional pertinent information as the board may require.

(c) Plans for Water Supply and Sewerage Systems. No water supply or plumbing system or system for the disposal of sewage, garbage, or refuse shall be installed nor shall any such existing system be materially altered or extended until complete plans and specifications for the installation, alteration, or extension, together with such additional information as the board may require, have been submitted to the board in duplicate and approved as to their sanitary features.

(d) Compliance with Approval Plans. All construction shall take place in accordance with the approved completed plans. If it is desired to make deviations from the approved plans, the board shall be consulted and approval of the proposed changes obtained before construction changes are started.

(e) Preparation of Plans and Specifications by Registered Architect or Engineer. Plans and revisions shall be certified by an engineer or architect registered to practice in the State of Minnesota or eligible for registration in Minnesota, as provided by State laws.¹

10568 PHYSICAL PLANT—GENERAL REQUIREMENTS

(a) Location. The institution shall be so located as to promote at all times the health, treatment, comfort, safety, and well-being of persons accommodated or to be accommodated for care.

(b) Stairways. All stairways shall be well lighted and provided with handrails on both sides. All open stairwells shall be protected with guard rails. Treads shall be of non-slippery material.

(c) Maintenance. The licensee shall maintain the sanitation and safety of the building. Walls and floor's shall be of a character to permit frequent washing, cleaning, or painting.

(d) Heating. Heating plant shall be of a size and capacity to maintain a temperature of at least 70 degrees Fahrenheit in all rooms used for patients or residents.

¹ Minnesota Statutes Annotated, Sections 32G.02 and 326.03, require that plans be prepared by a registered architect or registered engineer if the total cost of the improvement exceeds \$2,000 paid in whole or in part from public funds, or if the total cost exceeds \$10,000 paid from funds not public.

(e) Ventilation. Rooms which do not have outside windows and which are used by personnel and patients, such as toilet rooms, bathrooms, and utility rooms shall be provided with acceptable ventilation.

(f) Lighting. An electric lantern or flash light in serviceable condition shall be available for use on every floor or in each section of the building in case of failure of electricity. Illumination of acceptable intensity shall be provided in all hallways, stairways, and bathrooms used by patients or residents.

(g) Telephone. There shall be at least one telephone in each building used for patients or residents, and such additional telephones as are required to summon help promptly in case of emergency.

10575 SANITATION

(a) Water Supply. The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which are acceptable to the board. Hot water of a temperature safe to use for hand washing shall be available at sinks and lavatories at all times.

(b) Sewage disposal. Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in a sewage disposal system which is acceptable to the board.

(c) Plumbing. The plumbing and drainage, or other arrangements for the disposal of excreta and wastes shall be in accordance with the regulations of the board and with the provisions of the Minnesota plumbing code.

(d) Screens. When flies, mosquitoes and other insects are prevalent, all outside doors, windows, and other outside openings shall be screened with wire screens or its equal with not less than sixteen meshes to the inch.

(e) Toilets. Toilets shall be provided in number ample for use according to number of patients or residents of both sexes, and personnel of the institution. A minimum requirement is one toilet for every eight patients or residents, or fraction thereof.

(f) Lavatories. Lavatories shall be provided in the ratio of at least one lavatory to every eight patients or residents, or fraction thereof.

(g) Bathtubs. A bathtub or shower shall be provided in the ratio of at least one tub or shower for each twenty patients or residents, or fraction thereof. Hand grips shall be provided for the bathtubs for the use of infirm patients or residents.

(h) Waste and Refuse Disposal. All accumulated soiled dressings and other waste materials shall be stored in sanitary containers and disposed of in a manner acceptable to the board.

10583 ROOMS FOR PATIENTS OR RESIDENTS

(a) Location of Bedrooms. All bedrooms used for patients or residents shall be outside rooms, dry, well ventilated, naturally lighted, and otherwise suitable for occupancy. Each bedroom shall have direct access to a hall. Rooms extending more than three feet below ground level shall not be used as bedrooms for patients or residents. The window area shall be not less than one-eighth of the total floor area.

(b) Floor Area. Room size shall be such as to allow the minimum floor area per bed as hereafter stated. In computing floor area, only usable floor space shall be included.

Homes licensed as of the effective date of these regulations shall have a minimum floor area in rooms for patients or residents of 60 square feet per bed. New homes, including new construction, remodeled buildings, and additions to existing homes, shall have a minimum floor area as specified below. New homes shall include transfers of ownership for which a new license is required.

Single rooms100 square feet

Rooms for 2 persons80 sq. ft. per bed

Rooms for 3 or more persons 70 sq. ft. per bed

(c) Spacing of Beds. Beds shall be placed at least three feet apart, and located so as to avoid drafts, excessive heat from radiators, or other discomforts to patients or residents.

10586 FURNISHINGS AND EQUIPMENT FOR CARE

(a) Patient or Resident Units. For each patient or resident the following items shall be provided:

1. A comfortable and suitable bed with springs and a clean mattress. Clean bedding and bed linen shall be kept on hand for use at all times. Clean sheets and pillow cases shall be furnished at least once a week. The bed linen shall be changed whenever soiled or unsanitary. Water proof sheeting or other moisture proof protection shall be provided for mattresses of all bed patients and for other beds as necessary.

2. At least one chair. For ambulatory or semi-ambulatory patients or residents there shall be a comfortable "easy" chair.

3. A locker, closet, or other suitable enclosed space for storage of clothing. If a common closet is used for two or more persons, there shall be separation of clothing for each person.

4. Bedside table, or its equivalent, with compartment *or* drawer to accommodate personal possessions.

5. Individual towels and washcloths.

(b) Facilities for Emergency Care. First aid supplies shall be maintained in a place known to and readily available to all personnel responsible for the health or well-being of patients or residents.

(c) Hand washing Facilities. Hand washing facilities shall be readily available for physicians, nurses, and other personnel attending patients or residents. Fresh linen or paper towels shall be available at all times. Use of a common towel is prohibited.

10589 LAUNDRY FACILITIES

Linen and other washable goods shall be stored and cleansed in a manner acceptable to the board

10590 PROVISION FOR RECREATION DAY ROOM FACILITIES

Day room facilities¹ for recreational, visiting, occupational therapy, and other such purposes of sufficient area shall be pro-

¹A minimum of 20 square feet per bed with the Area suitably furnished.

vided and shall be freely available at all times for all ambulatory and semi-ambulatory patients or residents, and for visitors.

10591 FOOD SERVICE AND FOOD SANITATION

(a) Food Requirements. Meals for patients or residents on general diet shall be of adequate quantity and quality, well-balanced and sufficiently varied. A record shall be kept of the menu served at each meal.

(b) Milk and Ice. All fluid milk for use shall be pasteurized in conformity with the requirements prescribed by the Commissioner of Agriculture, Dairy and Food.

Ice used in contact with food or drink shall be obtained from a source acceptable to the board, and handled and dispensed in a sanitary manner.

(c) Facilities for Preparing and Serving Food. A kitchen for the proper preparation and serving of food shall be maintained in a room or rooms separate from the dining room. It shall be used for no other purpose than activities connected with the dietary service and the washing and storage of dishes and utensils.

(d) Hand washing Facilities. Hand washing facilities with hot and cold water, soap, and individual towels shall be accessible for the use of all food handlers.

(e) Food Storage. Perishable food shall be stored in clean refrigerators of adequate capacity at temperatures less than 50 degrees Fahrenheit. Each refrigerator shall be equipped with a thermometer. Non-perishable food shall be stored off the floor in clean well ventilated rooms free of insects and rodents.

(f) Garbage Disposal. Garbage shall be disposed of in a manner acceptable to the board. When stored, it shall be retained in water tight metal cans equipped with tightly fitting metal covers. All containers for the collection of garbage and refuse shall be kept in a sanitary manner.

(g) Dishwashing Facilities and Methods

1. Either of the following methods may be employed in dishwashing:

(aa) Manual. A three-compartment sink or equivalent of a size adequate to permit the introduction of long handled wire baskets of dishes shall be provided. There shall be a sufficient number of baskets to hold the dishes used during the peak load. Water heating equipment capable of maintaining the water in the disinfection compartment at 170 degrees Fahrenheit shall be provided. Drain racks shall be a part of the three-compartment sink and adequate space shall be available for drainage. Dishes and utensils shall be air-dried.

(bb) Mechanical. Water pressure to the spray portion of the machine shall be fifteen pounds per square inch or more. Hot water for rinsing shall be delivered to the dishwashing machine at a pressure of not less than fifteen pounds per square inch and at a temperature of not less than 170 degrees Fahrenheit. The machines shall be equipped with thermometers which will accurately indicate the temperature of the wash water and rinse water. New dishwashing machines shall be of a make constructed in accordance with the recommendations of the National Research Council. Dishes and utensils shall be air-dried.

2. In order to protect the clean dishes and the utensils from contamination, proper storage space shall be provided.

10598 RESTRAINTS—DISTURBED PATIENTS NOT TO BE KEPT IN HOME

Disturbed mental patients shall not be received or retained in a nursing home or boarding care home. A person for whom the general use of restraints is necessary for his protection and the protection of others shall be considered disturbed mentally. If a patient or resident becomes suddenly disturbed, the person in charge of the home shall take temporary measures to protect such person and other persons in the home.

In instituting such temporary protective measures, a special attendant shall be placed on duty on the floor or in the section of the building in which such patient is restrained. No form of restraint may be used or applied in such manner as to cause injury to the patient. No door may be locked in a manner which will not permit immediate opening in case of emergency. A full record of the use of restraints or seclusion shall be kept.

10600 REPORTS AND RECORDS

(a) Space for Recording and Filing. The admission, medical, and nursing records shall be maintained and made freely accessible to those responsible for the care of the patient. They shall be open to the inspection of representatives of the board.

(b) Admission and Death Records. Admission and death records shall be kept as prescribed by the board in accordance with the provisions of Section 144.178, Minnesota Statutes. Such records shall be preserved. When a home is closing or ownership is being transferred the licensee shall apply to the board for instructions as to disposition of the admission and death records.

(c) Physicians' Orders. Physicians' orders shall be preserved with the record of the patient or resident.

(d) Annual Report. An annual report regarding services furnished during the preceding year shall be submitted to the board on forms furnished for this purpose.

10604 FIRE PROTECTION—FIRE MARSHAL APPROVAL REQUIRED

Fire protection shall be provided in accordance with the requirements¹ of the State Fire Marshal. Approval by the State Fire Marshal of the fire protection of an institution shall be a prerequisite for licensure.

¹ These requirements are outlined in "Minnesota Regulations Relating to State Fire Marshal—Nursing and Boarding. Care Homes." The booklet is distributed by Documents Section, Department of Administration, St. Paul 1, Minnesota.

SPECIAL REQUIREMENTS FOR NURSING HOMES ONLY

10605 PERSONNEL

(a) Supervising Nurse'. A supervising nurse shall be in charge of the nursing service. She shall be either a registered nurse or a licensed practical nurse. The supervising nurse shall have the necessary authority and be held responsible for the nursing service required in the care of patients. She shall be responsible for records pertaining to nursing care, including the securing of orders from physicians. Nursing supervision shall be maintained during vacation or other relief periods. The board shall be notified of any changes in the position of supervising nurse.

(b) Night Attendant². In homes licensed for the care of 12 or more persons there shall be at least one person dressed and on duty during the night. A night attendant shall be on duty in smaller homes if the condition of the patients or other factors, such as remoteness of personnel quarters from patient rooms, require.

(c) Personnel Record to be Kept. The names, qualifications, and references of all nursing personnel shall be kept on file for inspection by the representatives of the board.

10608 MEDICAL ATTENDANCE

(a) Practitioner to be Designated. Each patient or his guardian or the agency responsible for his care shall designate a licensed practitioner of the healing arts for the supervision of the care and treatment of the patient during his stay in the nursing home.

(b) Admission Examination Required. The admission record shall contain a diagnosis of illness and definite instructions relative to care and treatment of the patient and shall be signed by a duly licensed practitioner of the healing arts.

¹The supervising nurse position is full-time, 40 hours per week, during the daylight hours. ²See Fire Marshal Regulation 4402: (c-1) Attendants.

(c) (Repealed September 11,1962.)

(<1) Emergency Care. Every nursing home shall designate one or more duly licensed practitioners to be called in emergency when the patient's physician is not available.

10612 PROVISION FOR ISOLATION—ISOLATION AREA

Each home in which patients do not have private rooms shall be prepared to make available a suitable screened area which can be used for seriously ill or terminal cases or for temporary isolation of a communicable disease case which may develop after admission.

10613 FACILITIES FOR NURSING CARE

(a) Equipment for Nursing Care. There shall be adequate equipment for nursing care according to the number and type of patients accepted by the home.

For each patient confined to bed there shall be provided individual equipment as follows:

Bed pan	Mouth wash cup	Thermometer
Wash basin	Emesis basin	Signal device
Bath blanket		

General equipment shall include supplies and equipment for common nursing procedures such as enemas, dressings, catheterization, collection of specimens, and administration of medicines, including hypodermics; wheel chairs, invalid walkers, and other aids as necessary for securing ambulation of patients; comfort devices, such as hot water bags, invalid rings, back rests, and foot cradles; weight scales; bed rails; and rubber gloves, tongue depressors and other equipment as may be required for the examination of patients.

(b) Bed Screens. Bed screens or curtains shall be available for use in all multi-bed rooms to insure privacy for patients.

(c) Facilities for Handling Equipment. Space and facilities shall be provided for the proper cleansing, disinfection, sterilization, and storage of nursing supplies and equipment. A cleansing

sink, a flushing rim hopper, or other disposal sink shall be provided in all homes caring for eight or more patients.

(d) (Repealed September 11,1962.) (c)

(Repealed September 11,1962)

(f) Nursing Records. A nursing record shall be kept for every patient admitted to the home. The record shall contain the date, hour, and condition of the patient at time of admission, and pertinent observations at intervals of not more than four hours as to the condition of the patient during the first 24 hours, and as often thereafter as required by the condition of the patient.

10614 MEDICATIONS

(a) Handling of Medications. A system shall be developed in each nursing home to assure that all medications are administered safely and properly. The supervising nurse or other nursing staff trained specifically by the supervising nurse or a physician in the administration¹ of medications and familiar with the expected action of drugs, shall be designated and held responsible for the administration of medications during each eight hour period. Such administration shall include the addition of medications to food where patients require assistance in feeding. The actual act of swallowing oral medications shall be observed personally by the individual responsible for administering medications except in those cases where medications have been added to food where the amount of food eaten shall be recorded by the person designated to administer medications. All medications shall be given precisely as ordered by the physician. Any unusual patient reactions shall be reported to the physician at once.

1. All medications, including those brought into the nursing home by the patient, shall be administered only on written order signed by a licensed physician or dentist except that orders may be given by telephone provided that such orders are authorized by the physician or dentist, recorded by the person so authorized and signed by the physician or dentist at his next visit.

¹ Administration of medications includes the complete procedure of checking the patient's record, transferring from the patient's prescription container, distribution to the patient and recording on the patient's chart of all medications given.

2. Stock supplies of legend¹ drugs other than narcotics may be kept on the premises only when a registered pharmacist or a licensed physician is employed on a regular basis to assume complete responsibility for the procurement, storage, maintenance and dispensing associated with the pharmaceutical service.

3. Pre-packaged drugs and medications procurable with out prescription may be retained in stock supply. These shall be dated on receipt to prevent the accumulation of obsolete or deteriorated items.

4. Nursing homes desiring to retain drugs in stock supply in accordance with (a) 2 and/or (a) 3, shall provide a special locked room and only authorized persons shall have access to this room.

5. For use in emergencies only, a licensed physician may maintain a minimum emergency supply of medications in the home providing the responsibility for the contents, maintenance, safeguarding and usage of this emergency supply is assumed by the physician. This emergency supply shall be kept in a separate labeled container in the locked medicine cabinet.

6. In no case shall prescription drugs be used or saved for the use of other patients in the nursing home.

(b) Medicine Cabinet. A well-illuminated medicine cabinet and medicine preparation area shall be provided in a location which is quiet, convenient for the nursing staff and separated from all soiled activities. All medications shall be prepared in such preparation area. The medicine cabinet shall be equipped with separate cubicles, plainly labeled, or provided with other physical separation for the storage of each patient's prescriptions. All narcotics shall be placed under double lock or in a safe which meets the requirements of the Federal Bureau of Narcotics. When the first method is used, this shall be accomplished by maintaining a separate, permanently attached compartment with a tumblers key lock within the locked medicine cabinet. The medicine cabinet shall be kept locked when not in use. The keys shall be on the person of and available only to those persons designated to administer drugs. All drugs shall be stored in medicine cabinets. The cabinets shall be kept clean and orderly at all times and shall be used only for the storage of drugs. Graduated

¹Legend drugs include those obtainable only on prescription.

medicine containers for the accurate measurement of liquid medications shall be provided. If not disposable, these medicine containers shall be returned to the institution dishwashing unit for processing after each use. Other than disposable syringes, needles, medicine droppers and similar equipment shall be thoroughly cleaned and sterilized before each use by one of the following methods:

Dry heat at 170° C. (338° F.) for not less than one hour.

Autoclaving at 15 pounds pressure and 120° C. (248° F.) for 20 minutes.

Boiling for not less than 30 minutes after the boiling temperature has been reached.

All disposable equipment shall be destroyed by incineration or by burying. Any newly constructed or remodeled nursing home licensed on or after the effective date of these regulations shall provide a medicine cabinet, medicine preparation area and hand washing lavatory at each nurse's station.

1. Poisons and medications intended for external use only shall be clearly so marked and shall be Kept in a locked space.

2. Biologicals and other medications requiring refrigeration shall be kept in a separate refrigerator or in a special locked and labeled impervious container in a general use refrigerator.

3. All substances such as cleaning agents, bleaches, detergents, disinfectants, pesticides, paints and flammable liquids shall be clearly labeled and kept separate and apart from all drugs and foods.

(c) Medication Containers. All medications shall be kept in their original container bearing the original label with legible information stating the prescription number, name of drug, strength and quantity of drug, directions for use, patient's name, physician's name, date of issue and name of licensed pharmacy which issued the medications. It shall be the responsibility of the physician prescribing the medication either personally or through the pharmacist issuing the medication, to provide the institution with the prescription number and name of the medication if the latter is not on the label.

1. Any drug container having excessively Boiled or , damaged labels shall be returned to the issuing pharmacy for re labeling.

2. The contents of any drug container having no label or an illegible label shall be destroyed immediately.

3. Medications having a specific expiration date shall not be used after the date of expiration.

(d) Record of Medications and Narcotics. A record shall be kept of all drugs and medications administered to each patient on the medication and treatment record or in the nurses' notes on the patient's chart. This information shall include the name and quantity of the drug given and the time administered and shall be initialed by the person giving the drug. Special notations shall be made whenever medications are started or discontinued. Medicine tickets or a medicine list shall be maintained to show each medication which is currently being given.

All narcotics, barbiturates, tranquilizers, antihistamines, exempt cough medicine preparations with a narcotic content and habit-forming drugs shall, have the prescription number entered on the nursing record each time a new prescription is received.

1. A narcotic record book shall be maintained whenever narcotics are prescribed. This shall consist of a bound notebook with numbered pages.

2. This narcotic record book shall contain a record of the name and the quantity of all narcotics received, dates received as well as a record of the patient to whom narcotics are given, to include the hour, name of patient, kind of narcotic, dosage, method of administration, name of physician who prescribed the medication and the signature of the person by whom administered. Each time a narcotic is given, a record shall also be made on the patient's chart. In addition, there shall be a recorded and signed narcotic count by the supervising nurse at least once every day. If there is a loss or wastage of a prescribed narcotic, a notation to that effect shall be made on the patient's chart and in the narcotic record book and signed by the person responsible with one witness who shall also observe the destruction of any remaining drug by flushing into the sewer system.

(e) Automatic "Stop Orders." Medications without a specified time limit shall be automatically discontinued by the super-

vising nurse after a period of seven (7) days or, in the case of narcotics, within 72 hours. No prescription shall be refilled without specific authorization being obtained from the attending physician and a notation of such authorization made on the patient's chart.

(f) Disposition of Medications. Medications belonging to patients shall be given to them when discharged or transferred if authorized by the attending physician or the physician in charge and so recorded on the patient's chart. Unused portions of narcotic drugs shall be handled by contacting the District Supervisor, Federal Bureau of Narcotics¹, who will furnish the necessary instructions and appropriate forms, a copy of which shall be kept on file in the home for two years. Any other unused prescription drugs remaining in the nursing home after the death or discharge of the patient for whom they were prescribed or any prescriptions discontinued permanently, shall be destroyed by the supervising nurse by flushing them into the sewer system and removing and destroying the labels from the containers. A notation of such destruction giving date, quantity, name of medication and prescription number shall be noted on the patient's chart and signed by the supervising nurse.

(g) Pharmacies in Nursing Homes. No pharmacy shall be maintained as a part of any nursing home unless such pharmacy is licensed by the Minnesota State Board of Pharmacy and complies with all statutes and regulations governing such licensure and operation.

¹402 Federal Building, Minneapolis 1, Minnesota.

Under no circumstances should narcotic drugs be forwarded to the District Supervisor without prior communication with the District Supervisor relative to the necessary instructions and surrender forms.

SPECIAL REQUIREMENTS FOR BOARDING
CARE HOMES ONLY

10619 MEDICAL ATTENDANCE

(a) Practitioner to be Designated. Each person or his guardian or the agency responsible for his care shall on his admission to a boarding care home designate a licensed practitioner of the healing arts to be called at the onset of any illness or incapacitating.

(b) Health Certificate Required. A written record of pertinent medical history signed by a duly licensed practitioner of the healing arts shall be filed with the boarding care home on admission of any person as a resident therein.

(c) Order for Treatment Required. No medication or treatment shall be given to a resident of a boarding care home except on a written Order signed by a licensed practitioner of the healing arts.

(d) Emergency Care. Every boarding care home shall designate one or more duly licensed practitioners to be called in emergency when the resident's physician is not available.

APPENDIX D

MINNESOTA REGULATIONS RELATING TO STATE FIRE
MARSHALL

Nursing and Boarding Care Homes

ENABLING ACT

MINNESOTA STATUTES OF 1957 SECTIONS 73.41 THROUGH 73.44

Section 73.41. The state fire marshal after holding a public hearing in accordance with Minnesota Statutes, section 15.042, shall establish a fire safety code. The regulations in the code shall provide for reasonable safety from fire, smoke and panic therefrom, in all hospitals, nursing homes, rest homes, board and care homes, as defined by the state board of health, schools, hotels, as defined in Minnesota Statutes, section 60.91, Subdivision 2.

Section 73.42. Requirements of Code. The code shall specify reasonable minimum requirements for fire safety in new and existing buildings and facilities. Regulations may be in accordance with the size, type of construction and nature of use or occupancy of such buildings or facilities. No regulation made in accordance with sections 73.41 to 73.43, shall be inconsistent with the provisions of the statutes nor impair the rights of municipalities to enact ordinances and make orders with respect to buildings as provided by law, so far as such ordinances or orders specify requirements equal to, additional to or more stringent than the regulations issued under the authority of sections 73.41 to 73.43.

Section 73.43. Filing of Code and Amendments. The code and all amendments thereto shall be filed with the secretary of state and published in accordance with Minnesota Statutes, sections 15.046 to 15.049, and in addition thereto a copy shall be provided each local fire marshal, fire chief, building inspector, or other governmental official who requests a copy of the code.

Section 73.44. Violations. Any person who violates any provision of the fire safety code shall be fined not more than \$200 or imprisoned not more than three months or both. No person shall be convicted of violating the fire safety code unless he shall have been given notice of the violation in writing and reasonable time to comply.

CONTENTS

ARTICLE I

4402: GENERAL PROVISIONS	Page
(a) Definitions	5
(b) Submission of Plans	10
(c) Construction	10
(d) Use of Combustible Buildings	11
(e) Use of Attics and Basements	11
(f) Other Occupancy	12
(g) Location	12
(h) Egress Facilities Required	12
(i) Egress Passageways	13
(j) Transoms	14
(k) Stairways and Other Vertical Openings	14
(l) Doors and Doorways	15
(m) Fire Walls and Smoke Barriers	17
(n) Fire-Stopping	17
(o) Closets and Storerooms	18
(p) Incinerators and Chutes	18
(q) Exit Signs	18
(r) Illumination of Exit Passageways	18
(s) Storage of Gases	19
(t) Flammable Liquids Storage and Use	19
(u) Extinguishing Equipment Required	20
(v) Fire Hose and Standpipe	20
(w) Sprinklers Required	20
(x) Decorative and Acoustical Material	21
(y) Surface Covering for Egress Passageways	21
(z) Motor Vehicle Storage	21
(a-1) Location	21
(b-1) Alarms and Automatic Detection Systems	22
(c-1) Attendants	24
(d-1) Evacuation Plan	24
(e-1) Smoking	25
4403: OUTSIDE STAIRWAYS	25
(a) Use of New Buildings	25
(b) Use of Existing Buildings	25
(c) Winding Stairways	25
(d) Construction	25
(e) Platforms or Landings	26
(f) Lead to Ground	26
(g) Railings	27
(h) Treads	27
(i) Rise of Stairs	27
(j) Height of Stair Runs	27
(k) Width of Stairways	27
(l) Protection of Outside Stairways	28
(m) Tubular and Spiral Slide-Type Escapes	28
(n) Maintenance	28

	Page
4404: HEATING, COOKING, VENTILATION AND MISCELLANEOUS	28
(a) Enclosure for Central Heating Plants and Combustible Storage Rooms	28
(b) Enclosure Doors	29
(c) Oil Burners	29
(d) Gas Burners	30
(e) Space Heaters	30
(f) Fireplaces	30
(g) Air Vents	30
(h) Chimneys and Flues	30
(i) Cooking Appliances	31
(j) Use of Appliances in Patient or Resident Rooms	31
(k) Air Conditioning and Ventilating Systems	31
(l) Liquefied Petroleum Gas	31
(m) Electrical Wiring	31

CHAPTER III
STATE OF MINNESOTA
FIRE MARSHAL DEPARTMENT

FIRE SAFETY CODE
FOR
NURSING HOMES AND BOARDING CARE HOMES

ARTICLE I

4401. Fire Protection shall be provided in accordance with this Fire Safety Code. Approval by the state fire marshal of the fire protection for a nursing or boarding care home shall be prerequisite for licensure by the state board of health.

4402. GENERAL PROVISIONS

(a) Definitions:

1. Ambulatory. The term "ambulatory" when used in this code shall mean a person who, without the aid of another, is physically and mentally capable of walking a normal path to safety including the ascent and descent of stairs.

2. Approved. The term "approved" when used in this code shall mean acceptable to the state fire marshal.

(aa) "Approved Standards" shall mean any standard or code prepared and adopted by any nationally recognized association.

(bb) "Approved Equipment and Material" shall mean any equipment or material tested and listed by a nationally recognized testing laboratory.

3. Approved Organized Fire Department. The term "approved organized fire department" shall mean a fire department that has adequate fire fighting equipment and manpower subject to the control of any municipal corporation, town or village, or political subdivision, and approval of the state fire marshal.

4. Area of Refuge. The term "area of refuge" shall mean a ground area, reasonably accessible from a building, of sufficient size and in safe condition for refuge by all building occupants at

a safe distance from such building. When used in relation to areas within buildings this term shall mean an area beyond a fire wall or smoke barrier of sufficient size to offer refuge to all occupants on the same floor of the building.

5. Attic. The term "attic" shall mean the space between the ceiling beams of the top habitable story and roof rafters.

6. Automatic. The term "automatic" as applied to a door, window or other protection for an opening shall mean a door, window or other opening protection so constructed and arranged that if open it will close automatically in the event of fire, without human intervention, with closing mechanism released by the melting of a fusible link or other release device actuated by fire or smoke.

7. Automatic Sprinkler System. The term "automatic sprinkler system" shall mean an arrangement of piping and sprinklers designed to operate automatically by the heat of fire and to discharge water upon the fire.

8. Basement. The term "basement" shall mean any area or floor level below the main or street floor. Where due to grade differences there are two levels each qualifying as a street floor (see the definition of street floor) a basement is any floor level below the lower of the two street floors.

9. Bed Patient. The term "bed patient" shall mean a person who is not ambulatory as defined in this code.

10. Boarding Care Home. The term "boarding care home" shall mean a building used to provide care for aged or infirm persons requiring or receiving personal care or custodial care in accordance with the regulations of the state board of health.

11. Combustible. The term "combustible" shall mean that which is not within the category of "noncombustible," as defined in this code.

12. Combustible or Hazardous Storage Area or Room. The term "combustible or hazardous storage area or room" shall mean those areas or rooms containing heating apparatus and boiler rooms, basements, and attics used for the storage of combustible material, workrooms such as carpenter shops, paint shops and upholstery shops, central storerooms such as flammable liquids, furniture, mattresses and miscellaneous storage, and

similar occupancies intended to contain combustible materials which will either be easily ignited, burn with an intense flame or result in the production of dense smoke and fumes.

13. Exit. The term "exit" shall mean the exit doorway or doorways, or such doorways together with connecting hallways or stairways, either interior or exterior, or fire escapes, designed to provide means by which individuals may proceed safely from a room or space to a street or to an open space which provides safe access to a street.

14. Firedoor. The term "firedoor" shall mean a door and its assembly, so constructed and assembled in place as to give protection against the passage of fire.

15. Fire Partition. The term "fire partition" shall mean a partition which subdivides a story of a building to provide an area of refuge or to restrict the spread of fire.

16. Fire Resistance Rating. The term "fire-resistance rating" shall mean the time in hours that the material or construction will withstand the standard fire exposure as determined by a fire test made in conformity with the "Standard Methods of Fire Tests of Building Construction and Materials, "ASTM E119."

17. Fire Resistive. The term "fire resistive" refers to properties of design to resist the effects of any fire to which a material or structure may be expected to be subjected. Noncombustible materials are not necessarily fire resistive; fire resistive implies a higher degree of fire resistance than noncombustible.

18. Fire Wall. The term "fire wall" shall mean a wall of brick or reinforced concrete having a four-hour fire-resistance and structural stability under fire conditions to accomplish the purpose of completely subdividing a building or of completely separating adjoining buildings to resist the spread of fire. A fire wall shall extend continuously through all stories from foundation to or above the roof, except where the roof is of fire-resistive construction and the wall is carried up tightly against the under side of the roof slab.

19. Flammable Liquid. The term "flammable liquid" shall mean any liquid which is governed by Section 101 of the Rules and Regulations promulgated by the state fire marshal under the State of Minnesota Laws governing the handling, storage and transportation of petroleum and petroleum products.

20. **Habitable Room.** The term "habitable room" shall mean a room or enclosed space in a basement, first or upper story arranged for living, eating or sleeping purposes, not including bath or toilet rooms, laundries, pantries, foyers or communicating corridors or basement recreation rooms.

21. **Incombustible.** The term "incombustible" shall mean the same as "noncombustible" as defined in this code.

22. **Local Fire Alarm System.** The term "local fire alarm system" shall mean a local system of electrically supervised devices, the signals of which are transmitted to one or more places in the premises covered, primarily for the notification of occupants. Such a system may also include automatic or manual transmission of alarms, and/or trouble signals, to a fire station or fire brigade and may also include supervisory service as well as alarm service.

(aa) **Automatic Fire Detection System** shall mean a system which automatically detects a fire condition, actuates fire alarm signal devices and functions without human intervention.

(bb) **Manual Fire Alarm System** shall mean a system which is not an automatic fire detection system.

23. **Means of Egress.** The term "means of egress" shall have the same meaning as "exit" as defined in this code.

24. **New Homes.** The term "new homes" shall include new construction, additions to existing licensed homes where patient or resident beds are added, existing buildings converted to nursing or boarding care homes, and transfers of ownership.

25. **Noncombustible.** The term "noncombustible" as applied to a building construction shall mean a material which, in the form in which it is used, falls in one of the following groups (aa) through (cc). No material shall be classed as noncombustible which is subject to increase in combustibility or flame spread rating beyond the limits herein established, through the effects of age, moisture or other atmospheric condition as, for example, various types of treated wood. Flame spread rating as used herein refers to ratings obtained according to the Standard Test Method for Fire Hazard Classification of Building Materials of Underwriters' Laboratories, Inc., ASTM E84. For data on such ratings see Underwriters' Laboratories Fire Protection Equipment List under the heading Building Materials — Hazard Classification (Fire) (40 U9).

(aa) Materials no part of which will ignite and burn when subjected to fire. Examples: asbestos fiber, brick, clay tile, concrete, glass, gypsum, iron, portland cement, slate, steel, stone.

(bb) Materials having a structural base of noncombustible material, as defined in (aa), with a surfacing not over 1/4-inch thick which has a flame spread rating not higher than 50. Examples: certain types of protected steel sheets, gypsum wall board.

(cc) Materials other than as described in (aa) or (bb), having a surface flame spread rating not higher than 25 without evidence of continued progressive combustion and of such composition that cross-section in any plane would not have a flame spread rating higher than 25 without evidence of continued progressive combustion. Examples: certain insulation materials, as blocks of cellular glass, boards of glass fiber, slabs made of excelsior impregnated with portland cement; certain sandwich type materials; certain plastic sheets.

26. **Nursing Home.** The term "nursing home" shall mean a building used to provide care for aged or infirm persons requiring or receiving nursing care in accordance with the regulations of the state board of health.

27. **Patient.** The term "patient" shall mean any individual cared for in a nursing home, even though such person does not require nursing care.

28. **Resident.** The term "resident" shall mean any individual cared for in a boarding care home.

29. **Smoke Barrier.** The term "smoke barrier" shall mean a partition with a fire-resistance rating of not less than one-half hour, equipped with a door and jamb of the same rating and hung so as to be reasonably smoke and gas tight when closed. The door shall be not less than 44 inches wide and shall not be fastened in an open position by a device which will require more than one movement of normal strength to swing such door to a closed position. Such barrier shall be located to provide ample area of refuge on each side of such partition or barrier for all occupants served by the barrier. The barrier may have wired-glass panels, each not to exceed six (6) square feet. The wire-glass shall be standard clear wire-glass.

30. **Sprinklered.** The term "sprinklered" shall mean to be completely protected by an approved system of automatic sprink-

lers installed and maintained in accordance with approved standards.

31. **Street Floor.** The term "street floor" shall mean to include any story or floor level accessible from the street, or from outside the building at grade, with floor level at main entrance not more than 4 feet above nor more than 1 foot below street or grade level at these points, and so arranged and utilized as to qualify as the main floor. Where due to differences in street levels there are two or more stories accessible from the street, each is a street floor for the purposes of this fire safety code. Where there is no floor level within the specified limits for a street floor above or below grade, the building has no street floor.

32. **Story.** The term "story" shall mean that area of the building contained between a floor and the floor or roof above, but shall not mean the basement and other floor below. The first floor shall be the story which is of such height above grade that it does not come within the definition of a basement or shall be that story located immediately above a basement.

(b) Submission of Plans:

Plans and specifications covering the construction of new buildings, additions to existing buildings, or alterations to existing buildings (including fire escapes, fire alarm systems and sprinkler systems) shall be submitted in duplicate to the state fire marshal for review and approval with respect to compliance with the fire safety code.

(c) Construction:

1. Every nursing home or boarding care home hereafter erected and additions thereto, shall comply with the following:

(aa) All new one story buildings shall be constructed of not less than one hour fire-resistive noncombustible materials:

(bb) See 4404 (a).1.

(cc) All new buildings more than one story in height shall be constructed of incombustible materials, using a structural framework of reinforced concrete or structural steel, except that masonry walls and piers may be utilized for buildings up to three stories in height not accounting for penthouses.

2. Every building hereafter converted for use as a nursing home or boarding care home having a capacity of 16 or more pa-

tients or residents shall comply with Section (c) 1. or Section (w), "Sprinklers Required."

3. Each addition to a new nursing or boarding care home, and each addition other than dayrooms, bathrooms, toilets or stairways, to an existing nursing or boarding care home or to any existing building converted to a nursing or boarding care home use shall be such that the entire resulting building conforms to all requirements for new nursing or boarding care homes, or the addition shall be separated from the older structure by a fire partition having at least a two hour fire-resistance rating. Each communicating opening therein shall be protected by an approved swinging fire door so installed that it may normally be kept in open position but will close automatically in case of fire or may be released manually to self-closing action.

(d) Use of Combustible Buildings:

1. In existing wood frame or wood-joisted buildings heretofore or hereafter converted to a nursing home or boarding care home use which are not sprinklered, nonambulatory patients shall be housed only on the first floor.

2. In existing wood frame or wood-joisted buildings converted to nursing or boarding care home use, which are protected by a completely approved automatic sprinkler system, ambulatory and nonambulatory patients shall be housed on the first or second floor, except ambulatory patients and residents may be housed on the third floor where such ambulatory patients and residents have been so housed prior to the adoption of this fire safety code and such use of the third floor was approved by the state fire marshal.

3. In existing wood frame or wood-joisted buildings converted to nursing or boarding care homes which are protected by a completely approved sprinkler system, the owner or employees may be housed on the third floor providing the third floor is approved for this use by the state fire marshal.

4. No existing wood frame or wood-joisted building over three stories in height shall be converted to use as a nursing home or boarding care home.

(e) Use of Attics and Basements:

No patient or resident shall be permitted to sleep in any attic or basement as defined in this fire safety code.

(f) Other occupancy:

Occupancies not under the control of or necessary to the administration of a nursing or boarding care home are prohibited therein with the exception of the residence of the owner or manager.

(g) Location:

1. Nursing or boarding care homes shall be located within municipalities which are served by approved organized fire department to which an alarm can be sent by telephone or other suitable alarm-sending device, except those conforming with (g) 2. or 3.

2. Existing nursing homes or boarding care homes located outside of a municipality, shall be:

(aa) In buildings of fire-resistive construction or protected by an approved automatic sprinkler system;

(bb) Attendants to be provided in accordance with (c-1) of fire safety code;

(cc) In an area having a written contract with a municipality providing fire department service, or the nursing home or boarding care home shall have a written contract with the municipality to provide the services of the fire department to which an alarm can be sent by telephone or other suitable alarm sending device.

3. New nursing homes or boarding care homes shall be as follows:

Located on maintained, open, state or county highway within five (5) miles of a municipality and in an area which has a written contract with the municipality providing approved fire department service, or the nursing home or boarding care home shall have a written contract with the municipality to provide the services of an approved organized fire department to which an alarm can be sent by telephone or other suitable alarm sending device.

(h) Egress Facilities Required:

1. Exits shall be located remote from each other, providing the best practicable means of egress for all patients and residents in the event fire renders one exit impassable.

2. Existing home or boarding care home shall have at least two means of egress to the outside. Each patient or resident-occupied room shall have at least one doorway opening directly to the outside or to a corridor leading directly, or by stairway, to the outside or an opening without a door into one adjacent room which leads to the outside in the same manner.

3. Means of egress in addition to the minimum of two required from each story under Section (h) 2. shall be required when the maximum possible occupancy exceeds 60 patients or residents. There shall be at least one additional means of egress for each 30 additional patients or residents, located to give adequate passage from all areas, each by separate stairways and/or passages to the outside. Exits shall be of such number and so arranged that it will not be necessary to travel more than 100 feet from the door of a patient-occupied room, and from every point in wards, day rooms, dormitories and dining rooms to reach the nearest approved means of egress from that story.

4. Exits shall be so arranged with regard to floors that there are no pockets or dead ends over 10 feet in length in which occupants may be trapped.

(i) Egress Passageways:

1. Corridors and passageways from patient or resident-occupied rooms leading to egress stairways and thence to the outside from the first story and to areas of refuge shall be not less than 84 inches in width in new buildings or additions to existing buildings, and not less than 36 inches in existing buildings.

2. Corridors and passageways considered as approved means of egress shall be at least 84 inches in height.

3. Access to all interior and outside stairways, to fire escapes and other exits considered as approved means of egress, shall be unobstructed, and shall not be through a bathroom, bedroom, kitchen, or a room used for any other purpose that may obstruct free passage, nor shall access be veiled from open view by ornamentations, curtains or other appurtenances.

4. Passageways from inside stairways to the outside shall have the same fire-resistance quality as required of the connecting stairways.

5. All egress passageways shall at all times provide unobstructed and safe passage to a public street, alley or to a suitable area of refuge.

(j) Transoms:

Transoms and other similar openings in corridors or passageways shall not be allowed in new construction. Existing transoms and like openings in corridors and passageways shall be permanently sealed and made fire-resistant equal to the related door construction.

(k) Stairways and Other Vertical Openings:

1. In all buildings hereafter constructed or converted to nursing or boarding care homes, at least one passageway from each story shall lead directly to the outdoors or through an enclosed stairway or enclosed passageway or a combination of such a stairway and passage or a combination of such a stairway and passageway which leads to the outdoors. One other enclosed stairway, where necessary, may be allowed to lead into an open space or lobby which has ample egress openings to the outside; travel from such stairway to outside shall not be more than thirty feet.

2. In existing frame or wood-joisted nursing homes or boarding care homes, interior stairways shall be enclosed by material having fire-resistant qualities equal to or greater than that of the existing partition construction, but with a fire-resistant rating of not less than one-half hour. Partitioning at floor levels of such stairway openings shall constitute a proper enclosure. All other vertical openings throughout such buildings shall be enclosed by the use of noncombustible materials with a fire-resistant rating of not less than one-half hour.

(aa) In existing frame or wood-joisted nursing or boarding care homes which have an approved automatic water sprinkler system and the interior stairways are not enclosed and approval for their use was previously granted by the state fire marshal, such stairways may be continued in use without such enclosures.

3. In buildings of fire-resistant construction, interior stairways and all other vertical openings shall be enclosed by materials having a fire-resistant rating of not less than two hours. Cutoffs at floor levels shall constitute proper enclosures.

4. Elevators shall not be considered as a means of egress, and all elevator shafts shall be completely enclosed by noncom-

combustible materials with a fire-resistant rating of not less than two hours. No opening shall be allowed through the wall enclosures for ventilating or other purposes. All doors servicing elevators shall be of solid construction, reasonably smoketight when doors are closed. Such doors, lintels and panels above shall be constructed to resist fire for two hours, but where necessary such doors may have wired-glass panels not to exceed 6 square feet.

5. Elevator lobby or lobbies shall be divided from patient or resident areas by smoke barriers or fire partitions.

6. All stairways in egress passageways shall have suitable handrails on both sides. Handrails shall conform with 4403 (g).

7. Stairways in egress passageways in existing buildings shall be not less than 36 inches in width and in new buildings shall be not less than 44 inches in width.

8. Existing stairways in egress passages shall be provided with landings at least 30 inches in depth between the nosing of the top or bottom stair and the next parallel partition or door. New stairways shall have such landings at least 44 inches in depth.

9.* Stair treads in inside egress passages in existing structures shall be not less than 8 inches wide, exclusive of nosing, and risers shall be not more than 8½ inches in height. In new buildings, such stair treads shall be not less than 9½ inches wide, exclusive of nosing, and risers shall not exceed 7¾ inches in height. Treads and risers shall be of uniform width and height in each individual stairway.

10. No stairway consisting of two or more steps which in changing direction does so by benefit of variance in the width along each tread shall be used, or continue in use, as any portion of an approved means of egress. This section shall not be interpreted to prohibit a stairway with treads of uniform width throughout, which changes direction by benefit of intermediate landings or platforms.

11. An automatic sprinkler shall be installed at the top of laundry chutes.

(l) Doors and Doorways:

1. All doorways which are a part of a means of egress shall be at floor level. Windows shall not be considered as a means of egress.

2. All doorways leading to fire escapes shall be at floor level.

3. All egress doors to the outside, and/or egress doors to stairways and/or passages leading to the outside shall be in the direction of egress travel, except the front entrance door in nursing homes or boarding care homes housing fewer than 12 patients or residents. This section shall not be construed to require doors from patient or resident-occupied rooms to open into corridors. Such doors shall not be hung as to obstruct egress passage. There shall be no obstruction at any time to the opening or closing of egress door or doors from patient or resident-occupied room into corridors. All doorways from patient or resident-occupied rooms and in egress passages to the outside of the building shall be at least 74 inches in height for existing buildings and 78 inches for new construction or additions to existing buildings and of such greater height as will allow for free passage of beds and attached medical equipment here required.

4. All doors considered as a part of an approved means of egress and from patient or resident rooms in existing buildings shall be not less than 36 inches in width. In new buildings or additions to existing buildings, doors forming a part of a means of egress and from patient or resident rooms shall be not less than 36 inches in width.

5. Doors into stairway enclosures, and all doors serving other vertical openings shall be equipped with approved self-closing devices designed, installed and maintained to close such doors automatically. Such doors shall be so hung as to allow for convenient manual opening and closing at all times, but shall be kept closed at all times while in use. All stairway and other vertical opening doors shall be equipped with approved latching devices.

6. Doors and jambs in wall or partitions required to be fire-resistant shall be of the same fire-resistant qualities as the wall or partition in which it is installed, and shall be installed and maintained close fitting and reasonably smoke-tight.

7. In existing nursing homes and boarding care homes, and for in a partition required to be fire-resistant may contain wired-glass, provided that such glass shall not exceed 6 square feet.

8. All egress doors from patient or resident-occupied rooms and to the outside shall be equipped with hardware which will

ensure opening of such doors by a single motion, such as the turning of a knob or by pressure of a latch with normal strength, or equipped with panic hardware which will release when normal pressure is applied to the releasing device in the direction of exit travel. No such door shall be equipped with a lock, latch, bolt or other fastening device which will allow for locking such door against opening from within, or which will require a second operation or motion to open such door for egress purposes.

9. Revolving doors shall not be permitted in nursing homes or boarding care homes.

10. All doorways entering upon common use corridors or egress passages shall be protected by a substantial door so constructed as to provide a reasonably smoke-tight closure.

11. No egress doors from patient or resident-occupied rooms or to the outside, or other doors entering upon common use corridors or egress passages, shall be held in an open position at any time by an under-door wedge or be fastened in an open position by a device which will require more than one movement of normal strength to swing such door to a closed position. No such wedge or door-holding device shall be placed in close proximity to such a door or be allowed to remain in such a position.

(m) Fire Walls and Smoke Barriers:

1. Buildings shall have fire walls or smoke barriers through each patient occupied story which is not ramped to the outside for bed passage and which has a maximum occupancy in excess of 24 patients. Such walls or barriers shall be located so as to provide ample area of refuge within the building on each side of such wall or barrier, for all beds with patients located in each story.

2. Fire Walls as required in this section shall be equal to the fire-resistant construction of the building or portions of the building but shall be of not less than three-hour fire-resistant construction.

(n) Fire-Stopping:

Exterior walls of frame construction and interior stud partitions shall be fire-stopped at each floor level by 2-inch thick plate or masonry filling, completely closing any possible vertical opening from one story to another.

(o) Closets and Storerooms:

All closets or compartments which are used for the storage cleaning or polishing compounds or implements shall be fire-resistant for at least one-half hour from within such closet or compartment including the door thereof, or shall be equipped with approved and adequate automatic fire extinguishing equipment and/or alarm devices.

(p) Incinerators and Chutes:

1. Incinerators within buildings or a part thereof shall be constructed in accordance with approved standards. Those within buildings shall be loaded and fired from a vestibule or compartment segregated from the rest of the building by construction having a fire-resistant rating of not less than two hours, and having a fire-door equipped with a suitable self-closing device. s 4404 (g).

2. An automatic sprinkler shall be installed at the top of refuse chutes and an automatic sprinkler or sprinklers in the bin room into which the chute discharges.

(q) Exit Signs:

1. Exit signs or lights are required only when 12 or more persons are housed.

2. Signs bearing the word "exit" shall be placed at each egress doorway, except at doors of patient or resident-occupied rooms entering upon common use corridors or passageways, and all be so installed as to be legible from the direction of travel thereto. Where such doorways and signs are not readily discernible from patient or resident-occupied room doorways, an adequate number of additional directional signs shall be provided bearing the term "exit," with an arrow pointing in the direction of such exit.

3. Internally illuminated exit signs shall bear letters at least $4\frac{1}{2}$ inches in height with strokes not less than $\frac{3}{4}$ inches in width.

4. All exit and directional signs shall be maintained clearly legible by electric illumination at all times.

(r) Illumination of Exit Passages:

Approved facilities shall be provided for the lighting of all

corridors, stairways and egress passages at all times, and maintained in working order.

(s) Storage of Gases:

1. Oxygen storage of a total capacity of less than 1,500 cubic feet shall be stored in rooms or enclosure within a room. The rooms or enclosures do not have to be vented to the outside, but the doors to such rooms or enclosures shall be provided with louvres at the top and bottom.

2. Oxygen storage of over 1,500 cubic feet when located within the building shall be enclosed in a separate room or enclosure within a room with a minimum fire-resistant rating of at least one hour. The manifold enclosure shall be individually vented to the outside.

3. Provision shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation.

4. Rooms or enclosures for oxygen storage shall not be used for storage purposes other than for the cylinders containing the gases. Storage of empty cylinders pending their removal is permissible.

5. The electrical installation in storage rooms or manifold enclosures for cylinders, shall comply with the standards of the National Electrical Code for ordinary locations. Electrical wall fixtures shall be installed in fixed locations not less than 5 feet above the floor to avoid physical damage.

(t) Flammable Liquids Storage and Use.

1. Flammable liquids shall be stored in suitable buildings, rooms or compartments used for no other purpose and shall be constructed of building materials having a minimum fire-resistant rating of one hour.

2. Class A flammable liquids which are not stored as provided in Section (t) 1. shall be limited to one gallon or a one day's supply.

3. Flammable liquids shall be stored in and used from approved metal safety cans or containers.

4. Benzine, benzol, gasoline, naphtha or any other Class 1 or 2 flammable liquid and their compounds shall not be stored in any basement or pit.

(u) Extinguishing Equipment Required:

All nursing or boarding care homes shall be provided with one unit of type A first aid fire extinguisher for each 2,500 square feet of floor area or fractional part thereof, and adequate number of type B and C fire extinguishers for the conditions involved and suitably located.

(v) Fire Hose and Standpipe:

1. Fire hose and standpipe shall be required on all new construction over two stories high.

2. The number of standpipes shall be such that all parts of every floor area can be reached with 30 feet by a nozzle attached to 100 feet of hose connected to a standpipe.

3. Standpipes shall be so located that they are protected against mechanical and fire damage, with outlets within stairway enclosures, as near the stairway as possible, or outside or immediately inside of the exterior walls, within one foot of a fire tower or exterior stairway or fire escape.

4. Standpipes shall be installed in accordance with approved standards, maintained in readiness for use at all times, and provided with an adequate water supply.

(w) Sprinklers Required:

1. Nursing homes or boarding care homes of combustible construction which are occupied by nonambulatory patients on the second floor, or by ambulatory patients and residents on the third floor, shall be protected by a system of automatic sprinklers installed and maintained in accordance with approved standards. (See 4402 (d).)

2. Nursing or boarding care homes of combustible construction which are occupied by 16 or more patients or residents or combination of both shall be protected by a system of automatic sprinklers installed and maintained in accordance with approved standards.

3. When a sprinkler system is installed whether required or not, plans shall be submitted in duplicate to the state fire marshal for approval before installation is made.

4. All existing nursing and boarding care homes which heretofore were not required by the state fire marshal to have approved sprinkler systems shall be given a three-year grace pe-

riod from the effective date of these regulations, in which to install such systems.

5. Existing nursing homes or boarding care homes which heretofore were requested by the state fire marshal to install automatic sprinkler systems, and have not done so at the time these regulations become effective, shall be given a period of three years in which to install such systems, from the date of the state fire marshal's directive.

(x) Decorative and Acoustical Material:

1. In new nursing homes or boarding care homes all combustible decorative and acoustical material including textile floor coverings and curtains located in corridors, passageways and in lobbies and other rooms or spaces for general patient or resident or public use, shall be rendered and maintained flame-proof.

2. In existing nursing homes or boarding care homes all combustible decorative and acoustical material, including textile floor coverings and curtains located in corridors, passageways or stairway enclosures and in lobbies or other rooms or spaces for use by occupant or visitors, shall be rendered and maintained flame-resistant.

3. Fresh cut flowers and decorative greens, as well as living vegetation, may be used for decoration, except those containing pitch or resin.

(y) Surface covering for egress passageways.

The wall and ceiling surfaces of all corridors, egress passages and stairway enclosures shall be such material or so treated that they will not be readily flammable and will not carry or communicate fire.

(z) Motor vehicle storage.

No motor vehicle, or other device which may cause or communicate fire, not necessary for patient or resident treatment, shall be stored within a nursing home or boarding care home unless such area is separated from the home with an unpierced fire wall. All such devices and materials necessary for use within the building shall be used with reasonable care for safety from fire and by trained personnel.

(a-1) Location:

No nursing home or boarding care home shall be located within 85 feet of underground or 300 feet of above ground stor-

age tanks containing flammable liquids used in connection with a service station, garage, bulk plant or marine terminal or bottling plant of liquefied petroleum gas installation.

(b-1) Alarms and Automatic Detection Systems:

1. An approved fire alarm system shall be provided in all nursing and boarding care homes except those protected by an approved automatic sprinkler system (See 4402 (d) & (y)). In all nursing or boarding care homes of combustible construction the fire alarm shall be an approved supervised automatic fire detection system and a manually operated local fire alarm system.

(aa) All existing nursing or boarding care homes which do not have automatic sprinkler system protection, and are required under these regulations to provide approved automatic fire alarm systems, shall be granted a grace period of eighteen months in which to install the systems, from the effective date of these regulations.

2. A telephone or other suitable alarm-sending device shall be provided as a means of communicating an alarm of fire to the fire department. Pay station telephones will not be approved for this purpose.

3. Where a fire alarm system is installed whether required or not, plans shall be submitted in duplicate to the state fire marshal for approval before installation is made.

4. Unless automatic sprinkler protection is provided, automatic fire detection systems shall be provided in all nursing homes in accordance with Section (b-1) 1.)

5. Every nursing home shall have a manually operated fire alarm system in accordance with Section (b-1) 1. except that visible alarm devices may be used in patient areas. Audible alarm devices shall be used in non-patient areas.

6. All alarm systems and equipment shall be of standard approved electrical types suitable for the purpose for which installed.

7. Systems shall be under the supervision of a responsible person who shall cause proper tests to be made annually or more often and shall have charge of all alterations or additions. Results of the test shall be furnished the owner and a copy shall

be posted at the control panel and signed by the person making the test, and shall include his office address.

8. Systems shall be tested at weekly intervals by an employee.

9. Fire alarm signaling equipment shall be restored to service promptly and immediately after each test or alarm, and shall be kept in normal condition for operation at all times.

10. All manually operated sending stations and alarm sounding devices in a single system shall be of the same general type.

11. Manually operated sending stations shall be provided near all main exits and in the natural path of escape from fire, at readily accessible and visible points which are not likely to be obstructed.

12. The arrangement of sending stations, and the manner of their connection with sounding devices shall be such that there will be no difference between the sounding of actual alarms and drill signals.

13. Required sounding devices shall be used for fire alarm purposes only.

14. Alarm sounding devices shall be provided of such character and so distributed as to be effectively heard in every room above all sounds.

15. Alarm sounding devices shall be distinctive in pitch and quality from all other sounding devices.

16. Code signals indicating where the alarm originates shall not be used.

17. (aa) Automatic fire detection systems, where installed to meet specific requirements of Section (b-1) 1., shall be of standard approved types, and shall be so installed as to provide effective warning of incipient fire in any part of the premises.

(bb) Automatic sprinkler systems installed in accordance with Section (y), and provided with water-flow alarm signals fulfill the functions of automatic fire detection (in addition to their primary function of fire extinguishment) and may be used in lieu of automatic fire detection systems.

(cc) Connections may be made between required manually operated alarm systems and automatic fire detection systems or

automatic sprinkler systems, provided that the effectiveness and dependability of operation of the alarms from manual sending stations is not thereby impaired.

(c-1) Attendants:

1. All nursing or boarding care homes shall have at least the following number of attendants therein at all times for immediate emergency service in case of fire or other emergencies.

(aa) If such homes are of fire-resistant construction and one story, there shall be one attendant for every forty patients or residents, or fraction thereof.

(bb) If such homes are of fire-resistant construction and over one story in height, and if such homes are of frame or wood-joisted with an approved sprinkler system, there shall be one attendant for every thirty patients or residents, or fraction thereof.

(cc) If such homes are of frame or wood-joisted construction and not sprinklered but are located within an area served by a municipal fire department to which an alarm can be sent by telephone or other suitable alarm-sending device, there shall be one attendant for every 25 patients or residents, or fraction thereof.

(dd) In all such homes other than those included in subparagraphs (aa), (bb) and (cc) of this Section, there shall be one attendant for every 16 patients or residents.

2. Where one or more attendants are required by this Section, at least one of them shall be on duty, awake and fully dressed at all times. All other attendants shall be within hearing distance and available for emergency service.

3. No individual shall be considered an attendant unless he or she is at least 18 years of age, and capable of performing emergency duties in case of fire or other emergencies.

(d-1) Evacuation Plan:

1. Each nursing or boarding care home shall formulate and post a plan for the protection of all patients and residents in the event of fire and their evacuation to areas of refuge or from the building when necessary. All employees shall be instructed and kept informed regarding their duties under the evacuation plan.

2. On request, the state fire marshal will arrange for instruction in fire equipment and evacuation of patients and residents.

(e-1) Smoking:

1. Smoking in bed shall be prohibited, except in case of bed-fast patients who may be allowed to smoke while under personal supervision of the staff.

2. Smoking in nursing or boarding care homes shall be permitted where ash trays of noncombustible material are provided.

3. Metal containers with self-closing devices shall be provided for the disposal of the contents of the ash trays.

(f-1) Housekeeping:

The entire premises shall be kept clean and in a tidy condition, free from accumulation of combustible debris or other waste material.

4403. OUTSIDE STAIRWAYS.

(a) Use of New Buildings:

The use of outside stairways as an approved means of egress shall not be allowed on new structures.

(b) Use of Existing Buildings:

1. Outside stairways may be used as approved means of egress on existing buildings only wherever enclosed inside stairways cannot be installed in accordance with the provisions of this code.

2. Plans for the installation of outside stairways and fire escapes shall be submitted in duplicate to the state fire marshal for approval before installation is made.

(c) Winding Stairways:

Outside winding stairways are prohibited as outlined in Section 4402 (k).

(d) Construction:

1. Outside stairways as approved egress passages shall be constructed completely of iron or other noncombustible material except existing stairways and those erected on existing frame buildings which serve the first and second floors only.

2. An outside stairway constituting an approved means of egress shall be designed, constructed and maintained to support a live load of 100 pounds per square foot on platforms and landings, and a concentrated load of 400 pounds on stair treads.

3. Supporting members for platforms, landings and stairs, which are in tension and are fastened directly to the building, shall pass through the wall and be securely fastened to the framework of the building. Wherever practicable, all outside stairways shall be self-supporting.

4. Minimum dimensions of any metal structural member shall be $\frac{1}{4}$ inch.

(e) Platforms or Landings:

On outside stairways, each landing or platform adjacent to an exit doorway of the building shall be as near the sill level of such doorway as is practicable, but not more than 8 inches below the sill level. Each landing or platform shall be at least the full width of the doorway it serves, and its depth shall be not less than the width of the widest outside stairway which leads directly to or from it. Such landings or platforms shall be so designed and constructed that exit doors, when open, will not decrease the required unobstructed width of the platform or stairs. When such landings or platforms are constructed of iron grill or are perforated in any manner, openings shall not exceed one inch in width or diameter for existing landings or platforms, and $\frac{3}{4}$ inch for new construction; minimum dimension of members shall be $1\frac{1}{4}$ inch by $\frac{1}{4}$ inch.

(f) Lead to Ground:

1. Outside stairways considered as approved means of egress shall lead to ground level, and the last step in descent to the ground shall not exceed the height of the steps immediately above. Where it is impracticable to have permanent construction of stairs to the ground, the lower section thereof may be counter-balanced swinging stair which shall meet all requirements of those standards for outside stairs, including railings; provided, however, that when a counter-balanced stair is used, it must be constructed of iron or steel in its entirety. Counter-weights shall be affixed permanently to the swinging stair construction without the use of cables, and shall provide for positive and easy lowering of such swinging stair construction to the ground by persons descending, without the unfastening of a latch or lock

of any kind. The path to the ground for swinging stairs shall be unobstructed at all times.

2. No ladder of any type affixed in any manner shall be used or considered as an approved means of egress. No ladder shall be used as any portion of an approved means of egress.

(g) Railings:

Handrails approximately 33 inches above the forward edge of the tread (measured in line with the face of the riser) shall be provided on both sides of stairs, provided that where enclosure is not over 42 inches high the top rail of the enclosure may serve as the handrail. Construction shall be such that there will be no obstruction.

(h) Treads:

1. Treads on existing outside stairways shall be not less than 8 inches wide, and on new stairways not less than $9\frac{1}{2}$ inches wide, both exclusive of nosing.

2. When treads are constructed of iron grill or are perforated in any manner, openings shall not exceed one inch in width or diameter for existing stairways, and $\frac{3}{4}$ inch for new stairways.

3. Where the tread or platform surface is such as to involve danger of slipping, suitable non-slip-surface shall be provided.

4. Treads shall include an additional width of one inch as nosing when stairs are constructed with risers.

(i) Rise of Stairs:

The rise of stairs on existing stairways shall not be more than $8\frac{1}{2}$ inches, and on new stairways not more than $7\frac{3}{4}$ inches.

(j) Height of Stair Runs:

The maximum vertical distance between platforms or landings in flight of existing stairs shall not exceed 15 feet, and in new construction, it shall not exceed 12 feet.

(k) Width of Stairways:

The required width of outside stairways shall vary according

to the use and occupancy of the building being served, but no stairway shall be less than 36 inches wide.

(l) Protection of Outside Stairways:

Outside stairways as part of approved means of egress shall be protected against fire in the building being served by a blank or closed side walls directly under such stairways, and for a distance of 10 feet in all other directions. Windows may be allowed within this area, provided that they are stationary and glazed with standard wired-glass.

(m) Tubular and Spiral Slide-Type Escapes:

Tubular and spiral slide-type fire escapes shall be erected and installed in conformance with approved standards.

(n) Maintenance:

Outside stairways considered as approved egress passages, and access therefrom to a public street or alley, shall be maintained in safe condition for their intended use at all times. No person shall place an obstruction upon or within such stairways or entrances thereto, or flammable liquid containers, LP Gas containers, combustible debris or other waste material under or within 10 feet of such stairway.

4404. HEATING, COOKING, VENTILATION AND MISCELLANEOUS.

(a) Enclosure for Central Heating Plants and Combustible Storage Rooms:

1. In nursing or boarding care homes of new construction, boiler, heating rooms and combustible storage rooms shall be constructed of two hour fire-resistant materials.

2. In all existing buildings converted to nursing or boarding care homes and all existing nursing or boarding care homes of other than fire-resistant construction with 12 or more patients or residents, boiler rooms and combustible storage rooms shall be of one hour fire-resistant materials. Where fewer than 12 patients or residents are housed, the ceiling above the central heating plant and smoke pipe shall be protected with materials having at least one hour resistance to fire. Protection over the central heating plant shall extend at least 36 inches beyond the greatest horizontal dimension of the heating plant. All construction of combustible materials within 36 inches of the cen-

tral heating plant and smoke pipes in nursing or boarding care homes referred to in this section shall be protected by materials having at least one hour resistance to fire.

3. Combustible storage rooms in existing nursing or boarding care homes shall be constructed of materials having one hour fire-resistance for the ceiling and one-half hour fire resistance for the walls.

(b) Enclosure Doors:

Doorways and other openings through required furnace and combustible storage enclosures shall be closed by doors and jams of the same fire-resistant rating as is required for the enclosure, hung so as to be reasonably smoke-tight, and equipped with approved self-closing devices.

(c) Oil Burners:

1. Only such oil burners as are approved by the Underwriters' Laboratories shall be used in these buildings.

2. Such oil burners shall be installed and maintained in accordance with approved standards, local ordinances and the manufacturer's instructions and recommendations.

3. Fuel oil storage shall be in accordance with the State of Minnesota Laws governing the handling, storage and transportation of petroleum and petroleum products; however, no barrel storage will be allowed in the building.

4. Oil-burning floor furnaces, wall heaters or self-contained heating units suspended from the floor of the space being heated, shall not be used in buildings regulated by this code.

5. Oil burners shall be equipped with proper devices for automatic lighting, controls for oil flow and temperature and other proper safety devices.

(d) Gas Burners:

1. Gas burning furnaces shall be installed in an approved manner and be equipped with approved safety devices and vented to an approved flue as defined in section (h) of this code.

2. Gas burning floor furnaces, wall heaters or self-contained heating units suspended from the floor of the space being heated, shall not be used in buildings regulated by this code.

(e) Space Heaters:

Fuel burning space heaters and portable electric space heaters are prohibited in buildings governed by this code.

(f) Fireplaces:

The use of fireplaces of approved construction will be permitted in nursing or boarding care homes where screens or metal curtains are provided to prevent ignition of surrounding combustible material.

(g) Air Vents:

Incinerator and furnace rooms or enclosures shall be provided with an air vent directly connected to the outside, sufficient to admit the required volume of air to support proper combustion. Such air vents shall be constructed of non-combustible material, and maintained open at all times. Vents may be protected by louvers or other approved devices.

(h) Chimneys and Flues:

1. Furnaces and other fire units shall be vented by smoke pipes to a chimney constructed of brick, solid block masonry or reinforced concrete, with suitable flue lining, properly erected and maintained in safe condition. No bracket chimneys will be permitted.

2. The above paragraph shall not be construed to prohibit the installation and use of any prefabricated chimney bearing the label of approval of the Underwriters' Laboratories.

3. Chimneys and smoke pipes must be thoroughly cleaned once a year.

(i) Cooking Appliances:

1. Cooking appliances, including laundry stoves and water heaters, shall be suitably installed in accordance with safety practices. All hot water heaters using fuel oil, solid fuel or gas shall be properly vented.

2. All cooking appliances using solid fuels shall be installed upon flooring with a noncombustible surface. Such noncombustible surface shall be required to extend not less than 18 inches beyond such cooking appliances using solid fuels, or for the entire room or enclosure when deemed necessary.

(j) Use of Appliances in Patient or Resident Rooms:

1. Cooking, heating or ironing appliances shall not be permitted in rooms used by patients or residents for sleeping purposes.

2. All heating pads, electric blankets, heat lamps and other similar appliances supplied by the nursing or boarding care home or brought in by the patient or resident, shall bear the label of a nationally recognized testing laboratory and shall be in good working condition as required by the state fire marshal.

(k) Air Conditioning and Ventilating Systems:

1. Air conditioning and ventilating systems shall be installed and maintained in accordance with approved standards.

2. Ducts shall be constructed entirely of noncombustible materials such as iron, steel, aluminum or other approved material.

3. Fire dampers shall be installed on all ventilating systems. Fire damper shall be equipped with fusible link release.

(l) Liquefied Petroleum Gas:

1. Liquefied petroleum gas shall be used only when installed in accordance with the Liquefied Petroleum Regulations of this state.

2. Containers shall be set upon firm foundations and otherwise firmly secured; the possible effect on the outlet piping of settling shall be guarded by a flexible connection or special fitting.

(m) Electrical Wiring:

All electrical wiring, appliances, fixtures and equipment shall be installed to comply with the Minnesota State Electrical Code and the National Electrical Code.

APPENDIX E

MINNESOTA STATE BOARD OF HEALTH CHAPTER FOURTEEN:

MHD 139 - 145 REQUIREMENTS FOR LODGING ESTABLISHMENTS

MHD 139. SCOPE (a) This regulation shall be applicable to all lodging establishments, such as hotels, motels, lodging houses and resorts as defined in Minnesota Statutes, Chapter 157.

SECTION B. DEFINITIONS

(a) **BOARD-** The term "Board" shall mean the Minnesota State Board of Health and the Minnesota Department of Health, which terms shall be synonymous.

2. **APPROVED.** The term "approved" shall mean acceptable to the Board following its determination as to conformity with departmental standards and established public health practices.

(c) **CLEAN-** The term "clean" shall mean the absence of dirt, grease, rubbish, garbage and other offensive, unsightly or extraneous matter.

(d) **GOOD REPAIR.** The term "good repair" shall mean free of corrosion, breaks, cracks, chips, pitting, excessive wear and tear, leaks, obstructions and similar defects so as to constitute a good and sound condition.

(e) **STANDARDS.** The term "standards" means the criteria of compliance of the Board and available on request.

(f) **USABLE FLOOR SPACE-** The term "usable floor space" means all floor space in a sleeping room not occupied by closets, toilet rooms, shower or bathrooms.

MHD 141. SANITATION REQUIREMENTS. The construction, operation, maintenance and equipment of lodging establishments shall be regulated as follows:

(a) **BUILDING.** Every building, structure or enclosure used to provide lodging accommodations for the public shall be kept in good repair, and so maintained as to promote the health, comfort, safety and well being of persons accommodated.

(b) **FLOORS.** The floors of all guest rooms, hallways, bathrooms, store rooms, and all other spaces used or traversed by guests shall be of such construction as to be easily cleaned, shall be smooth, and shall be kept clean and in good repair. Cleaning of floors shall be so done as to minimize the raising of dust and the exposure of guests thereto. The requirements of this section shall not prevent the use of rugs, carpets or natural stone which can be kept clean. Abrasive strips for safety purposes may be used wherever deemed necessary to prevent accidents.

(c) **WALLS AND CEILINGS.** The walls and ceilings of all rooms, halls and stairways shall be kept clean and in good repair. Studs, joists or rafters shall not be left exposed except when suitably finished and kept clean.

(d) **SCREENING-** When flies, mosquitoes, and other insects are prevalent, all outside doors, windows and other outer openings shall be screened: Provided, that such screening

shall not be required for rooms deemed by the Board to be located high enough in the upper stories of the building as to be free of such insects, or in such areas where other effective means are provided to prevent their entrance.

(e) **LIGHTING AND VENTILATION.** All rooms and areas used by patrons and guests and all other rooms or spaces in which lighting and ventilation, either natural or artificial, are essential to the efficiency of the business operation shall be well lighted and ventilated.

An area shall be considered well ventilated when excessive heat, odors, fumes, vapors, smoke or condensation is reduced to a negligible level and barely perceptible to the normal senses. Air replacement vents shall be designed to permit the entrance of an equal volume of displaced air and to prevent the entrance of insects, dust or other contaminating materials. During seasons when weather conditions require tempering of make-up air, adequate equipment shall be provided to temper the make-up air. Every gas-fired or oil-fired room heater and water heater shall be vented to the outside air.

(f) **SPACE.** Every room occupied for sleeping purposes by one person shall contain at least 70 sq. ft. of usable floor space, and every room occupied for sleeping purposes by more than one person shall contain not less than 60 sq. ft. of usable floor space for each occupant thereof. Under no circumstances shall there be provided less than 400 cu. ft. of air space per occupant. Beds shall be spaced at least 3 ft. apart when placed side by side. No sleeping quarters shall be provided in any basement having more than half its clear floor to ceiling height below the average grade of the adjoining ground. When strict compliance herewith is impracticable, the Board may waive any of the provisions of this paragraph subject to such conditions as may be deemed desirable in the individual case.

(g) **BEDDING AND LINEN.** All beds, bunks, cots, and other sleeping places provided for guests in hotels, motels, resorts and lodging houses shall be supplied with suitable pillow slips and under and top sheets. All bedding including mattresses, quilts, blankets, pillows, sheets, spreads, and all bath linen shall be kept clean. No bedding including mattresses, quilts, blankets, pillows, bed and bath linen, shall be used which are worn out or unfit for further use. Pillow slips, sheets and bath linen after being used by one guest shall be washed before they are used by another guest, a clean set being furnished each succeeding guest. For any guest occupying a guest room for an extended period of time, a fresh set of sheets and pillow slips shall be furnished at least once each week, and at least two clean towels shall be furnished each day, except that the proprietor will not be responsible for the sheets, towels, pillow slips, and bath linen furnished by a guest.

(h) **ROOM FURNISHINGS.** All equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets, shall be kept clean and free of dust, dirt, vermin and other contaminants, and shall be maintained in good order and repair; '

(i) **TOILETS.** Every hotel, motel and lodging house shall be equipped with adequate and conveniently located water closets for the accommodation of its employees and guests. Water closets, lavatories and bathtubs or showers, shall be available on each floor when not provided in each individual room. Toilet, lavatory and bath facilities shall be provided in the ratio of one toilet and one lavatory for every ten occupants, or fraction thereof, and one bath tub or shower for every twenty occupants, or fraction thereof. Every resort shall be equipped with adequate and convenient toilet facilities for its employees and guests. Toilet rooms shall be well ventilated by natural or mechanical methods. The doors of all toilet rooms serving the public and employees shall be self-closing. Toilet and bathrooms shall be kept clean and in good repair and shall be well lighted and ventilated. Hand washing signs shall be posted in each toilet room used by employees. If privies are provided they shall be separate buildings and shall be constructed, equipped, and maintained in conformity with the standards of the Board and shall be kept clean.

(j) **WATER SUPPLY.** A safe adequate supply of water shall be provided. The water supply system shall be located, constructed and operated in accordance with the standards of the

Board. When strict compliance herewith is impracticable the Board may waive any of the provisions for location and construction specified in this item, subject to such conditions as may be deemed desirable in the individual case.

(k) **HAND WASHING.** All lavatories for public use or furnished in guest rooms at hotels, motels, lodging houses and resorts shall be supplied with hot and cold running water and with soap. Scullery sinks should not be used as hand washing sinks.

In the case of separate housekeeping cabins at resorts not supplied with running hot water, equipment shall be provided for heating water in the cabin.

Individual or other approved sanitary towels or warm-air hand dryers shall be provided at all lavatories for use by employees or the public.

(1). **CLEANING AND BACTERICIDAL TREATMENT.** After each usage all multi-use eating utensils and drinking vessels shall be thoroughly washed in hot water containing a suitable soap or synthetic detergent, rinsed in clean water, and effectively subjected to a bactericidal process approved by the Board. Approved facilities for manual dishwashing shall consist of a three-compartment sink with stacking and drain boards at each end.

Dishwashing machines shall be equipped with thermometers, which will accurately indicate the temperature of the wash and rinse water. All dishwashing machine installations installed on or before January 1, 1968, shall conform to Standard Number 3 of the National Sanitation Foundation, dated April 1965.

Either of the following bactericidal processes for manual dishwashing is regarded as approved:

- (1) Complete immersion in clean water at a temperature of not lower than 170° Fahrenheit for at least two minutes. The bactericidal compartment must be properly equipped with a heating unit or other means to maintain the specified temperature while in use.
- (2) Complete immersion in clean water containing not less than 50 parts per million of available chlorine if hypochlorites are used, or not less than 200 parts per million if chloramines are used, for not less than two minutes. Other compounds acceptable to the Board may be used in accordance with standards recommended at the time of acceptance.

Any other processes acceptable to the Board may be used for machine or manual dishwashing.

All dishes, glasses, utensils and equipment after washing and bactericidal treatment shall be permitted to drain and air dry.

(m) **WASTE DISPOSAL-** All liquid wastes shall be disposed of in an approved public sewerage system or in a sewerage system which is designed, constructed and operated in accordance with the standards of the Board.

Prior to removal, all garbage and refuse in storage shall be kept in water-tight, non-absorbent receptacles which are covered with close-fitting, fly-tight lids. All garbage, trash and refuse shall be removed from the premises frequently to prevent nuisance and unsightly conditions, and shall be disposed of in a sanitary manner. All garbage receptacles shall be kept clean and in good repair.

(a) **INSECT AND RODENT CONTROL.** Every hotel, motel, lodging house and resort shall be so constructed and equipped as to prevent the entrance, harborage or breeding of flies, roaches, bedbugs, rats, mice and all other insects and vermin, and specific means necessary, such as cleaning, renovation or fumigation, for the elimination of such pests shall be used.

(o) **PERSONNEL HEALTH AND CLEANLINESS.** No person shall resume work after visiting the toilet without first thoroughly washing his hands.

Personnel of hotels, motels, lodging houses and resorts may be required to undergo medical examination to determine whether or not they are cases or carriers of a communicable disease.

(p) **CLEANLINESS OF PREMISES.** The premises of all hotels, motels, lodging houses and resorts shall be kept clean and free of litter or rubbish.

(q) **FIRE PROTECTION.** All lodging establishments shall provide suitable fire escapes which shall be kept in good repair and accessible at all times. Hallways shall be marked and exit lights provided; fire extinguishers shall be provided and shall be recharged annually and kept accessible for use. No sleeping quarters shall be maintained in rooms which do not have unobstructed egress to the outside or to a central hall leading to a fire escape. **ALL FIRE PROTECTION MEASURES SHALL BE IN ACCORDANCE WITH REQUIREMENTS OF THE STATE FIRE MARSHAL.**

(r) **PLUMBING AND SWIMMING POOLS.** All new plumbing in hotels, motels, lodging houses and resorts, and all plumbing reconstructed or replaced after the effective date of this regulation shall be designed, constructed and installed in conformity with the Minnesota Plumbing Code.

All swimming pools and other artificial recreational bathing facilities shall be located, constructed and operated in conformity with the standards of the Board;

MHD 142. **RESCINDING OF EXISTING REGULATIONS,** (a) The following regulation is hereby rescinded: Regulation 10947 dated July 1, 1961.

MHD 143. **EFFECTIVE DATE:** (a) This regulation shall take effect January 1, 1968. MHD

144 - 146. (Reserved for future expansion)